JOBST Confidence® Lower Extremity Order Form

Patient Name / ID Code or File # _____ DOB _____ Date _____
Address _____ Gender M ☐ F ☐
City/Province/Postal Code _____
Diagnosis _____ Lymphedema ☐ Lipedema ☐

TO ORDER:
Email: ca.elvarex@essity.com
https://eshop.jobst-ca.com
Tel: 1-877-978-5526 | 1-877-358-2739
Fax: 1-877-978-9703

Fitter Name _____ Fitter # _____ (Not Required) Fitter Phone _____
Fitter Facility _____ Email _____

Ship To Acct # _____ Acct Name _____
Address _____ City _____ Province _____ Postal Code _____
Email _____ Phone _____ Fax _____

Bill To Acct # _____ Acct Name _____
Address _____ City _____ Province _____ Postal Code _____
Email _____ Phone _____ Fax _____

PO#

Original Order ☐ Reorder w Changes ☐
Exact Reorder ☐ _____ Schema #

Confirmation Fax # _____
Email _____
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

Colour

☐ Beige ☐ Anthracite Heather
☐ Black ☐ Jeans Heather
☐ Caramel ☐ Red Heather

Styles

☐ AD Knee ☐ AB1 Sock ☐ ET Bermuda
☐ AG High ☐ BT Capri ☐ AG-HT One Leg Panty
☐ AT Panty ☐ B1T Capri

Quantity/Class	CCL1 (18-21mmHg†)	CCL2 (23-32mmHg†)	CCL3 (34-46mmHg†)
Left			
Right			

AD Band Options

☐ Without Silicone
☐ SoftFit Band AD
NOTE: this is a 5cm band

AG Band Options

☐ 5cm Dotted Band With Lateral Rise (Standard)

Measuring Guidelines

(Only applicable for Confidence) See box below for applicable tension at each landmark.

0 no tension
+ light tension
++ heavy tension

☐ **Straight Open Toe Length††**
Lateral *l*A _____ cm
☐ **Straight Closed Toe Length††**
Total Foot *l*Z _____ cm
☐ **Slant Open Toe Length**
Medial *l*A _____ cm
Lateral *l*A _____ cm
☐ **Slant Closed Toe Length**
Medial *l*A _____ cm
Lateral *l*A _____ cm
Total Foot *l*Z _____ cm

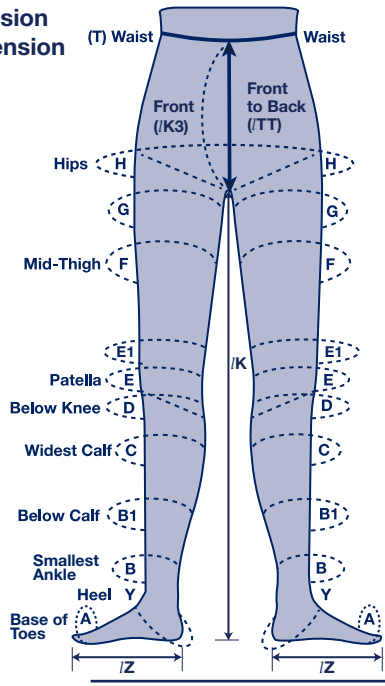
Options

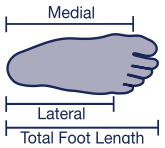
☐ Lateral Rise =10%of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)*
☐ Men's style ☐ with fly ☐ without fly
☐ Floral Waistband Women 5cm
☐ Elastic Waistband Women 5cm
☐ Elastic Waistband Men 4cm
☐ Decorative Line (Front of garment)
☐ Patient Initials Max 2 letters (A-Z) _____
☐ Ankle Comfort Zone
☐ Knee Comfort Zone
☐ Hallux Valgus (slant toe option only)

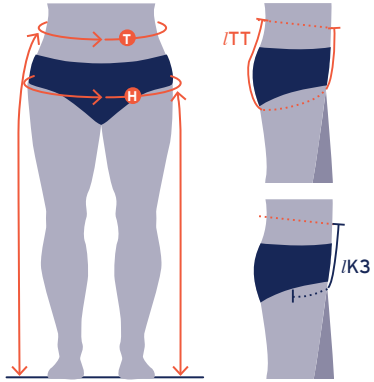
Circum. (*c*)	Length (*l*)	Length (*l*)
cT^{0}	*l*TT	*l*T
cH^{0}	*l*K3	*l*H

Circumference (*c*)		Length (*l*): Taken from each landmark to floor	
Left	Right	Left	Right
		*l*K	
$cG^{++/+**}$		*l*G	
cF^{++}		*l*F	
$cE1^{\Delta}$		*l*E1	
cE^{+}		*l*E	
$cD^{+/0***}$		*l*D	
cC^{++}		*l*C	
$cB1^{++}$		*l*B1	
cB^{+}		*l*B	
cY^{0}			
$cA^{+\Delta\Delta}$			

* only available in AD and AG
† design pressure
Δ cE1 for Bermuda only, measure 4cm above kneecap
** silicone band & straight ending
†† n/a Hallux Valgus
*** if silicone band
ΔΔ if patient is in lying position







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