



Elvarex® Lower Extremity Order Form

Patient Name / Essity File # _____ DOB _____
 Address _____ Gender M F
 City/State/Zip _____
 Diagnosis _____ Date _____

TO ORDER:
<https://eshop.jobst-usa.com/>
 Tel: (+1) 800-537-1063
 Fax: (+1) 800-835-4325

MUST INCLUDE PRESCRIPTION ORDER FORM (57021)
 (available on JOBSTCompressionInstitute.com)

Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*	CCL 3F 34-46 mmHg*	CCL 4 49-70 mmHg*	CCL 4S 60-90 mmHg*
Left						
Right						
Pressure panty Elvarex® (Body Bandage)						

Circum. (c)	Length (l)	Length
cT ⁰	/KT	/T
cH ⁺⁺	/GT	/H

0 no tension
 + light tension
 ++ heavy tension

Styles

- AD Knee
- AF Mid-Thigh
- AG Thigh
- AG-T (AG with chapstyle)
 - Piece
 - Pair
- AG-HT 1½ Leg Pantyhose
- AT Pantyhose
- B'G
- BG
- FG (leg extension)
- GT Biker Shorts
- B1G-T Chap
- BT Capri
- B1T Capri

Options

- T-Heel (Class 2-3 forte only)
- Profile (Not available with pocket instep)
- SoftFit band (Only available CCL1-3, AD only)
- Silicone dotted band 2.5cm:
 - Top
 - Inside
 - Inside ¾
- Silicone dotted band 5cm:
 - Top
 - Inside
 - Inside ¾
- Micro dotted top band 5cm
- Lateral Rise AD only
 - Standard: 4cm
 - Other: _____ cm
- Silicone Waistband 5cm
- Adjustable Waistband
- Ribbed Fleece Waistband 5cm
- Ribbed Comfort Waistband w/Velcro 5cm
- Sensitive Waistband 5cm
- Vertical Silicone Strips AG:
 - Front Back
 - Both
- Zipper B to D only:
 - Inside (Medial)
 - Outside (Lateral)
- Zipper E to G only:
 - Inside (Medial)
 - Outside (Lateral)
- Knee Comfort Zone (Not available in CCL 1)
- Top Comfort Zone
- Pocket
 - Instep (Not available with Profile)
 - Back of Knee†
 - All four sides closed
- Crotch options
 - Standard
 - With Compression
 - Fly for Men
 - Open Pubis
 - Mesh

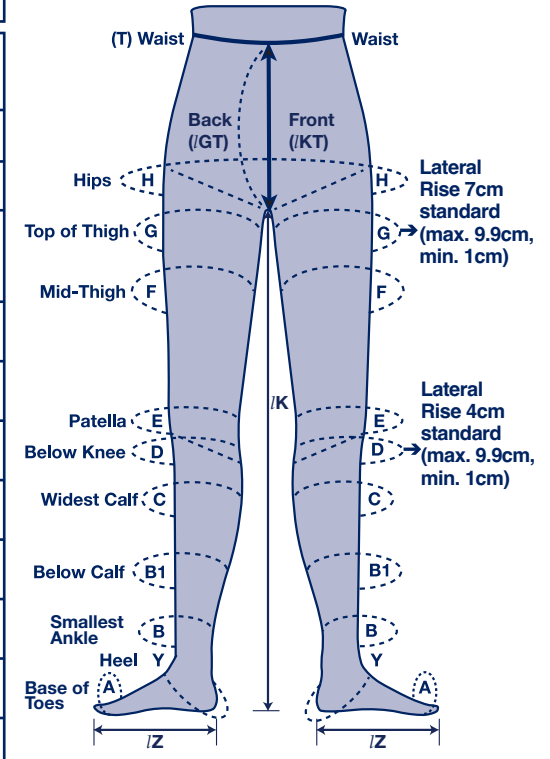
Color

- Beige Stone
- Black Aubergine
- Cocoa Graphite
- Navy Henna
- Grey Denim
- Cranberry Caramel new!
- Bronze new!

Seam Color

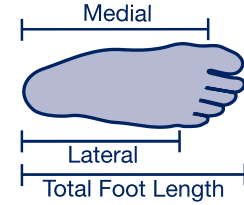
- Beige Caramel new!
- Black Bronze new!
- Cocoa Cranberry
- Navy Grey

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



- Straight Open Toe Lateral Length _____ cm
- Slant Open Toe Medial Length _____ cm
- Slant Closed Toe Medial Length _____ cm
- Straight Closed Toe Total Foot Length lZ _____ cm
- _____ Lateral Length _____ cm
- _____ Total Foot Length lZ _____ cm

Comments: _____



CAUTION: This product contains natural rubber latex which may cause allergic reactions.
 * Design Pressure
 ** If measuring is done in lying position, cA please apply 0 tension
 *** If silicone band & straight ending
 † Not available with Knee Comfort Zone



BSN Medical Inc., an Essity company
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