

Relax **Order Form**

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Address City/Province/PostalCode Diagnosis Fitter Name Fitter Facility Ship To Acct #	Fi			nal Order t Reorder	ender M F Reorder w Changes [
Diagnosis Fitter Name Fitter Facility	Fi		Origin	nal Order Reorder		
Diagnosis Fitter Name Fitter Facility	Fi			Reorder		
Fitter Name	Fi		Exac	. neorder		
Fitter Facility		tter #			Schema #	
•	Fi	Fitter # Fitter		itter Phone	er Phone	
Ship To Acct #		tter email				
	A	cct Name				
Address	C	ity	Province	ePosta	l Code	
Email*	Pl	hone	F	AX		
*By choosing communication via email (above), I a	cknowledge that Personal Hea	Ith Information associated with th	is purchase may be tra	insmitted from BS	N in a non-encrypted mann	
Bill To Acct #						
Address		•				
Email*	Pl	hone	F	AX		
Armsleeves	Style	Lower Extren	nities		Style	
Quantity/Class CCL 1 (15-20 mmHg*)	☐ CG Armsleeve	Quantity/Class		CCL 2 (20-30 mmHg*)	☐ Knee High	
Left	☐ AG Armsleeve w/Gauntlet	Left (AD and AG)			☐ Thigh High	
Right	Colour	Right (AD and AG)			Colour ☐ Beige	
	☐ Beige ☐ Rose				Rose	
	0 no	tension	Waist	.		
	+ ligh	t tension				
***	· · · · · · · · · · · · · · · · · · ·	Left		Right		
1 1	lcg	c0	à++*** 	cG++	*** G	
***				cF++*		
inside						
			cE+	CF+	E	
D+ Wasing Sp.			cD+		D	
ICE S	$\neg \mid \mid$		cC++	cC ++	lc	
D+ ICE	_	_	cB ¹ ++	CB1++	+ B1	
			cB+/0**	CB+/(0** B	
4	Circ.		cY 0		cY 0 A	
	X		cA+	IA	CA+	
	W				>	
:A	V	Design PressureIf cB is <20cm, cB sh	ould be measured		-	
A A B IAB [†]	7		ore tension can be use	d	-	