



Customer Information Order Form

TO ORDER:
<https://order.jobst.com/us>
Fax: (+1) 800-835-4325

For Questions: 1-800-537-1063 or
HMS-Elvarex-Orders@essity.com

Customer Information Order Form must accompany Elvarex Lower Ext. Order Form (50333) and Custom Seamless Soft & Bellavar Order form (60873)

1 DATE _____

Original Order Quote Only

Reorder with Changes

Order No. or Schema _____

2 GENDER

Male

Female

3 DIAGNOSIS Check Appropriate Box(es)

<input type="checkbox"/> Edema	<input type="checkbox"/> Stasis Ulcer
<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency
<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Sclerotherapy/ Vein Ligation
<input type="checkbox"/> Arterial Insufficiency	<input type="checkbox"/> Other

4 Order Confirmation (FAX # or email address)

FAX # _____

Email Address _____

5 BSN Medical Inc. File #

Patient Name/ID Code

Last Name First

Address _____

City/State/ Zip _____

Permanent Yes No

Date of Birth (mth/yr) _____

Phone _____

6 Physician's Name

Specialty _____

Address _____

City _____ State _____

Zip Code _____

Country _____

7 Measured By _____

Custom Fitter # (if applicable) _____

Phone _____

Facility _____

8 BSN Medical Inc. Account # _____

Ship To _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Attention _____

9 BSN Medical Inc. Account # _____

Bill To _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Attention _____

Last 4 digits of credit card on file OR Exp. _____

New card - call to provide credit card #

Name on CC _____ Billing Zip _____

10 P.O. # _____



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