

# JOBST® Glove/Gauntlet Order Form

## Elvarex® Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

### TO ORDER:

<https://eshop.jobst-usa.com>

Email: [hms-elvarex-orders@essity.com](mailto:hms-elvarex-orders@essity.com)

Tel: 1-800-537-1063 Fax: 1-800-835-4325

Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Gender M ☐ F ☐

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor/Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### PO#

Original Order ☐ Reorder w Changes ☐

Exact Reorder ☐ Schema # \_\_\_\_\_

Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_

Fitter Facility \_\_\_\_\_ Email \_\_\_\_\_

Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Confirmation Fax # \_\_\_\_\_

Email \_\_\_\_\_

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

☐ Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

☐ New card - call to provide credit card # Billing Zip \_\_\_\_\_

Name on CC \_\_\_\_\_

☐ Elvarex®\*\*

☐ Elvarex® Plus\*\*

Elvarex® Soft Seamless

Qty/Class

CCL1

(15-21mmHg\*)

CCL2

(23-32mmHg\*)

CCL2F†

(23-32mmHg\*)

☐ Black ☐ Caramel fmr Honey ☐ Cranberry ☐ Navy  
☐ Beige ☐ Hazelnut fmr Caramel ☐ Cherry ☐ Bronze  
☐ Grey ☐ Red

☐ Beige ☐ Cranberry ☐ Grey  
☐ Black ☐ Cherry ☐ Cocoa  
☐ Honey ☐ Navy

Left

Right

### Style

☐ AC<sup>1</sup> Glove

☐ AC<sup>1</sup> Gauntlet

☐ AE Glove to Elbow ≥13 cm past wrist

☐ AE Gauntlet to Elbow ≥13 cm past wrist

### Pocket†

☐ Back of hand

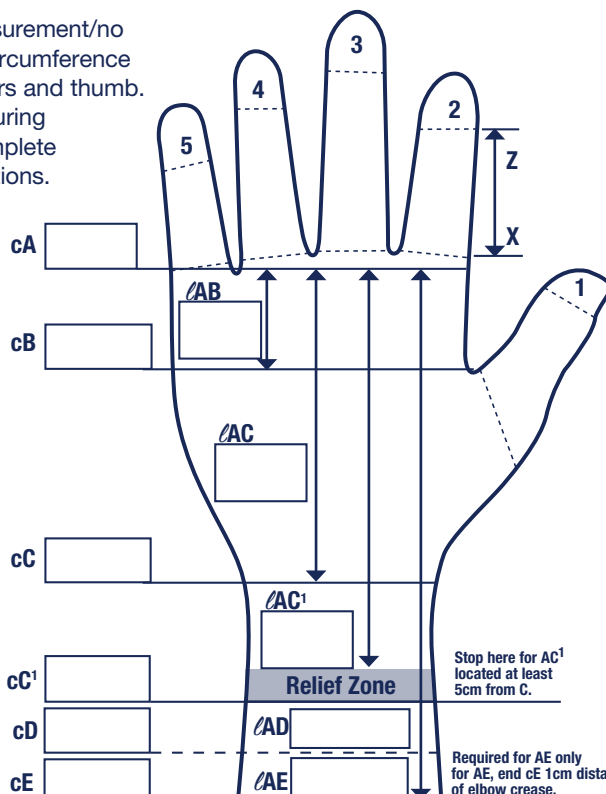
☐ Palm

### Zipper†

☐ Back of hand

☐ Palm

Apply lay-on measurement/no tension to every circumference on the hand, fingers and thumb. See JOBST Measuring Guidelines for complete measuring instructions.



|          | Circ.<br>Z | Circ.<br>X | Length<br>Z-X min. 1cm |
|----------|------------|------------|------------------------|
| Thumb 1  |            |            |                        |
| Finger 2 |            |            |                        |
| Finger 3 |            |            |                        |
| Finger 4 |            |            |                        |
| Finger 5 |            |            |                        |

\* Design Pressure

\*\*CAUTION: This product contains natural rubber latex which may cause allergic reactions.

† Only available in Elvarex®

NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All others colors have an estimated arrival time of 7-10 business days from the date submitted.

For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>



BSN Medical Inc., an Essity company  
5825 Carnegie Blvd. Charlotte, NC 28209-4633

61744 R11 © 2025 BSN Medical Inc. G25