

TOE CAP ORDER FORM

FAX ORDER TO CUSTOMER SERVICE AT:

1-800-835-4325

Date: _____ Purchase Order No.: _____ Account No.: _____

☐ Credit Card On File – Last 4 Numbers: _____ Or ☐ New Card – Call Us To Provide Credit Card Number

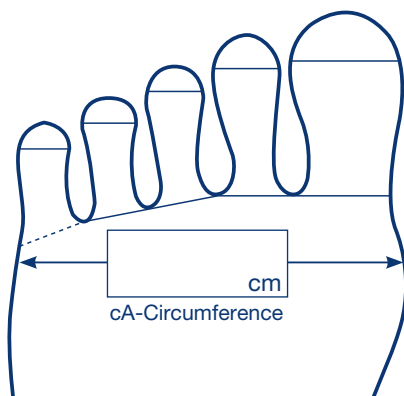
Fitter: _____ Patient Name: _____

Address: _____ Bill To Address: _____

Ship To: _____ Phone: _____

Fax: _____ E-mail: _____

☐ 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.



| Size | X-Small | Small | Medium | Large |
|------|----------|----------|----------|----------|
| cA | 20-22 cm | 22-24 cm | 24-26 cm | 26-28 cm |

JOBST® FARROWWRAP® TOE CAP

| BSN Code | Size | Color | Compression Class | Quantity |
|----------|---------|-------|-------------------|----------|
| 7102700 | X-Small | Tan | 15-20 mmHg | |
| 7102701 | Small | Tan | 15-20 mmHg | |
| 7102702 | Medium | Tan | 15-20 mmHg | |
| 7102703 | Large | Tan | 15-20 mmHg | |
| 7294700 | X-Small | Tan | 20-30 mmHg | |
| 7294701 | Small | Tan | 20-30 mmHg | |
| 7294702 | Medium | Tan | 20-30 mmHg | |
| 7294703 | Large | Tan | 20-30 mmHg | |
| 7102704 | X-Small | Black | 15-20 mmHg | |
| 7102705 | Small | Black | 15-20 mmHg | |
| 7102706 | Medium | Black | 15-20 mmHg | |
| 7102707 | Large | Black | 15-20 mmHg | |
| 7294704 | X-Small | Black | 20-30 mmHg | |
| 7294705 | Small | Black | 20-30 mmHg | |
| 7294706 | Medium | Black | 20-30 mmHg | |
| 7294707 | Large | Black | 20-30 mmHg | |

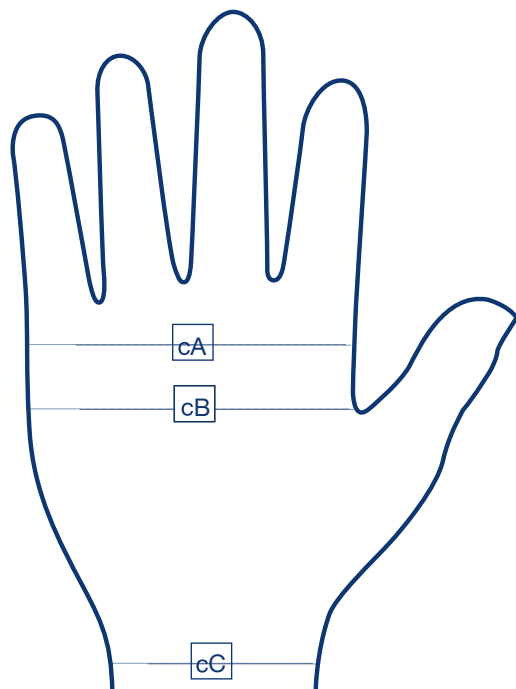
* The mean compression for an average foot size.

Please refer to the product label and / or package insert for full instructions on the safe use of these products.

GAUNTLET ORDER FORM

FAX ORDER TO CUSTOMER SERVICE AT:

1-800-835-4325



JOBST® FARROWWRAP® Lite Hand Gauntlet

| Size | cA | cB | cC |
|------|----------|----------|----------|
| XS | 16-18 cm | 17-19 cm | 15-18 cm |
| SM | 18-20 cm | 19-21 cm | 17-20 cm |
| MD | 20-22 cm | 21-23 cm | 19-22 cm |
| LG | 22-24 cm | 23-26 cm | 22-24 cm |

Date: _____ Purchase Order No.: _____ Account No.: _____

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Fitter: _____ Patient Name: _____

Address: _____ Bill To Address: _____

Ship To: _____ Phone: _____

Fax: _____ E-mail: _____

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JOBST® FARROWWRAP® GAUNTLET

| BNR | Size | Color | Compression Class | Quantity |
|---------|------|-------|-------------------|----------|
| 7665300 | XS | Tan | 20-30 mmHg | |
| 7665301 | SM | Tan | 20-30 mmHg | |
| 7665302 | MD | Tan | 20-30 mmHg | |
| 7665303 | LG | Tan | 20-30 mmHg | |

* The mean compression for an average foot size.

Please refer to the product label and / or package insert for full instructions on the safe use of these products.