



Confidence®
Order Form AD/AG

TO ORDER:

<https://order.jobst.com/us>

Tel: (+1) 800-537-1063 Fax: (+1) 800-835-4325

Patient Name / ID Code or File # _____ DOB _____ Date _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____

Doctor/Address _____

City/State/Zip _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____
(Not Required)
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 _____

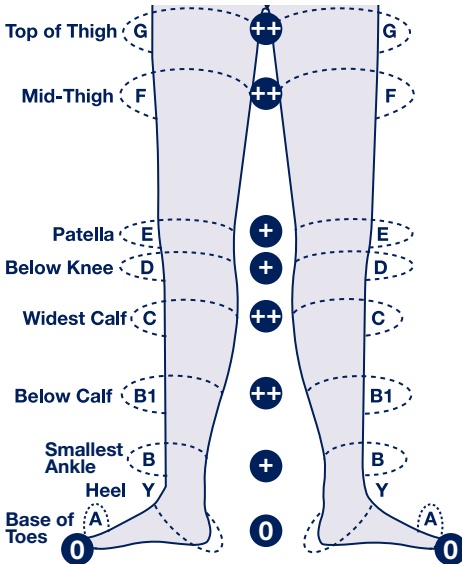
Color	Styles	Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
<input type="checkbox"/> Beige <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Caramel <input type="checkbox"/> Red Heather	<input type="checkbox"/> AD Knee <input type="checkbox"/> AG High	Left			
		Right			

Special AD/AG Options
 Lateral Rise =10% of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)
 Ankle Comfort Zone Knee Comfort Zone

Decorative Options
 Decorative Line (Front of garment)
 Patient Initials Max 2 letters (A-Z) _____

Measuring Guidelines
(Only applicable for Confidence) See Leg Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- ++ heavy tension

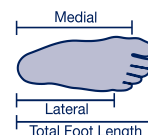


AD Band Options
 Without Silicone
 SoftFit Band AD
 NOTE: this is a 5 cm band

AG Band Option
 5 cm Dotted Band With Lateral Rise (Standard)

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

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



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* Design Pressure