

JOBST® Relax Order Form



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Tel. 1-877-978-5526 • Fax 1-877-978-9703

Date: _____ Purchase Order No.: _____

Patient Name: _____

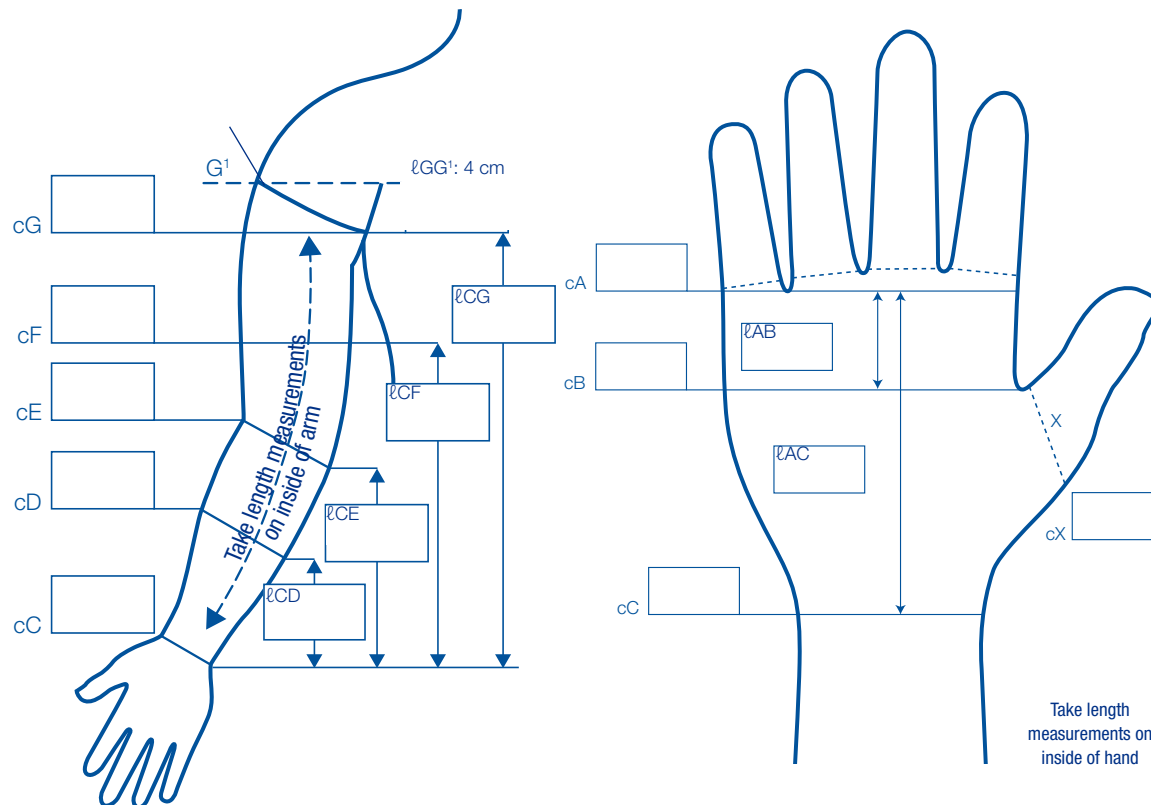
Account number and name: _____ Fax number: _____

Remarks:

Upper Extremities

Compression Class	Quantity		Style	Options	Colour
	Left	Right			
15-20 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CG1 Armsleeve (wrist to axilla)	<input type="checkbox"/> Zipper (inside C-E)	<input type="checkbox"/> Beige
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AG1 Armsleeve with gauntlet		<input type="checkbox"/> Rosé

All measurement are in centimeters (cm)



Lower Extremities

Compression Class	Quantity		Style	Options	Colour
	Left	Right			
15-20 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AD Knee High	<input type="checkbox"/> Zipper (back of leg B-D)	<input type="checkbox"/> Beige
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AG Thigh High		<input type="checkbox"/> Rosé
20-30 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	(Slant top not available)		

