

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 _____

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

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> Beige | <input type="checkbox"/> Caramel | <input type="checkbox"/> Anthracite Heather |
| <input type="checkbox"/> Black | <input type="checkbox"/> Jeans Heather | <input type="checkbox"/> Red Heather |

Quantity/Class
CCL1
(15-21mmHg*)

CCL2
(23-32 mmHg*)

Left

Right

Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)

Elbow Options

-
- Elbow Comfort Zone

Elbow Bend Options

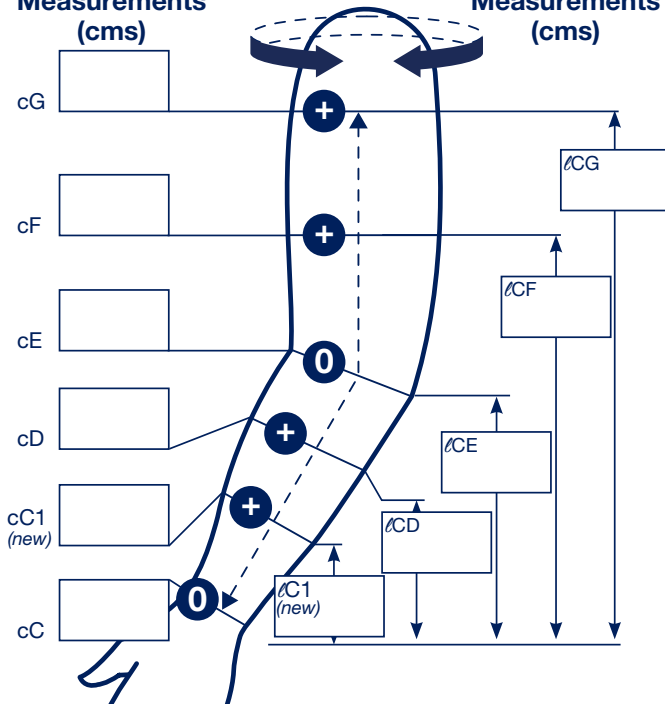
-
- Elbow 25 Degree (standard)
-
-
- Elbow 45 Degree

Decorative Options

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

Silicone Band

-
- No Silicone
-
-
- SoftFit
-
-
- 2.5 Top
-
-
- 2.5 Inside 1/2

Circumference Measurements (cms)
Length Measurements (cms)


Measuring Guidelines

(Only applicable for Confidence)

See Arm Diagram for applicable tension at each landmark.

0 no tension
+ light tension
cG = 0 no tension with silicone band
cG = + light tension without band
lC1 = 5 to 7cm above cC
(lCG must be taken with the arm bent)

* Design Pressure

For additional product order forms, please go to:

<http://www.jobstcompressioninstitute.com/resources/orders>