



Confidence® Order Form AD

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 _____

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

-
- Beige
-
- Caramel
-
- Anthracite Heather
-
-
- Black
-
- Jeans Heather
-
- Red Heather

Quantity/Class**CCL1**
(18-21mmHg*)**CCL2**
(23-32mmHg*)**CCL3**
(34-46mmHg*)

Left

Right

Special Options

-
- Lateral Rise =10% of circumference at D and is not adjustable (ex: if cD is 35cm then lateral rise is 3.5cm)**
-
- Ankle Comfort Zone

Decorative Options

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

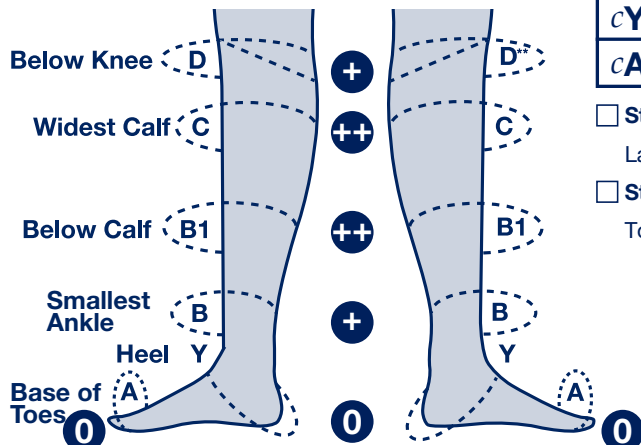
Band Options

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

Measuring Guidelines

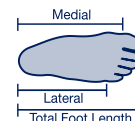
(Only applicable for Confidence)

See Leg Diagram for applicable tension at each landmark.

0 no tension**+** light tension**++** heavy tension

Circumference (c)		Length (l) • Taken from each landmark to floor	
Left	Right	Left	Right
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

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

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

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* Design Pressure

** See Special Options for lateral rise