

CUSTOM-MADE VASCULAR GARMENTS ORDER FORM

<p>1</p> <p>DATE: _____</p> <p><input type="checkbox"/> ORIGINAL ORDER</p> <p><input type="checkbox"/> EXACT REORDER</p> <p><input type="checkbox"/> REORDER WITH CHANGES</p> <p>HOT-LINE: Service extra fee of 30% <input type="checkbox"/> YES</p>	<p>2</p> <p>GENDER:</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p>	<p>3</p> <p>SEVERITY</p> <p><input type="checkbox"/> MILD</p> <p><input type="checkbox"/> MODERATE</p> <p><input type="checkbox"/> SEVERE</p>	<p>4 DIAGNOSIS: Please Check Appropriate Box(es)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Edema</td> <td><input type="checkbox"/> Venous Ulcer</td> </tr> <tr> <td><input type="checkbox"/> Lymphedema</td> <td><input type="checkbox"/> Varicose Veins</td> </tr> <tr> <td><input type="checkbox"/> Orthostatic Hypotension</td> <td><input type="checkbox"/> Venous Insufficiency</td> </tr> <tr> <td><input type="checkbox"/> Thrombotic Syndrome</td> <td><input type="checkbox"/> Arterial Insufficiency*</td> </tr> <tr> <td><input type="checkbox"/> Sclerotherapy/ Vein Ligation</td> <td></td> </tr> </table> <p><small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg</small></p>	<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer	<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency	<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Arterial Insufficiency*	<input type="checkbox"/> Sclerotherapy/ Vein Ligation	
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<p>5 PRESCRIBED PRESSURE: _____ mmHg</p>													

6 **BSN Medical File Number** _____

PATIENT NAME or ID# _____ **Date of Birth** _____ / _____ / _____
Last Name First Month Year

Address _____

Optional **Phone # ()** _____

7 **PRESCRIBER** _____ **Phone #** _____

Address _____ **Specialty** _____

8 **DEALER / CLINIC / HOSPITAL** _____

Phone # () _____ **Acct. #** _____

Order confirmation: Fax No. _____ **or E-Mail address** _____

Measured By: _____ **Fitter #** _____

9 **SHIP TO** _____ **Acct. #** _____

Address _____

Attention _____

10 **BILL TO** _____ **Acct. #** _____

Address _____

_____ **Same as** **9**

Attention _____ **P.O. No.** _____

All orders must be faxed or mailed.
 No phone orders accepted.
 Fax 1-877-978-9703
 For questions 1-877-978-5526

CUSTOM™ SEAMED - ARM

PATIENT'S NAME or ID # (if Faxing Order) _____

12 STYLES / OPTIONS		QTY. LEFT	QTY. RIGHT	PRICE EACH
CAT. NO.	STYLES			
100505	Detachable Gauntlet (metacarpals to wrist)			
100515	Forearm Sleeve (wrist to elbow)			
100516	Forearm Sleeve & Gauntlet (metacarpals to elbow)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve and Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
	Options			
101164	Zippers (see box 14)			
101167	Lining Inside Elbow Inside			
101168	Lining Full Elbow Outside			
101172	Adjustable Shoulder Flap (see box 15)			
101118	Silicone Band 1"			
100160	Silicone Band 2"			
100150	Beige			
100158	Black			

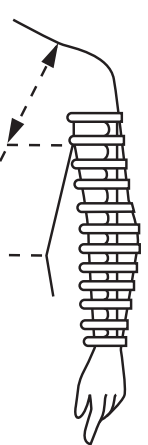
Standard length zipper is full length. If shorter zipper is desired, please indicate length from wrist.

14 ZIPPER OPTIONS					
	LOCATION		LENGTH		
	MARK (✓)		IN INCHES		
	LEFT	RIGHT	LEFT	RIGHT	
LATERAL (radial) (outside) ASPECT (standard)					
MEDIAL (ulnar) (inside) ASPECT					
POSTERIOR (back of hand)					
ANTERIOR (palm of hand)					

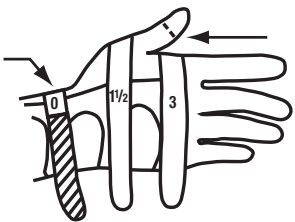
15a
Give circumference for adjustable flap at waist or below breast.

15b SHOULDER FLAP			
LEFT		RIGHT	

Length diagonally from top of shoulder to waist or below breast.



16 GAUNTLET THUMB CIRCUMFERENCE			
LEFT		RIGHT	



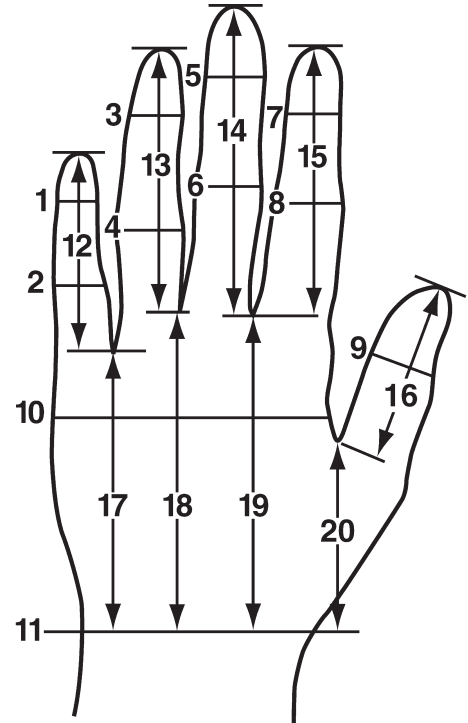
13 ARM CIRCUMFERENCES									
PLEATS		LEFT	TAPE#	RIGHT	PLEATS				
			-6						
			-4 1/2						
			-3						
			-1 1/2						
			0						
			+1 1/2						
			+3						
			+4 1/2						
			+6						
			+7 1/2						
			ELBOW 9						
			+10 1/2						
			+12						
			+13 1/2						
			+15						
			+16 1/2						
			+18						
			+19 1/2						

CUSTOM™ SEAMED - HAND

PATIENT'S NAME or ID # (if Faxing Order) _____

* Please include the hand outline for original order (new patient)

17 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100532	Glove to Axilla			
100535	Glove to Wrist			
100534	Glove to Elbow			
100536	Interdigital Web Spacer (to be worn over glove)			
100537	Mitten			
OPTIONS				
101164	Zipper (see box 19)			
101169	Slant Inserts			
100150	Beige			
100158	Black			
100176	Contracture Seam			



Should be taken from outline drawings unless fingers are contracted.

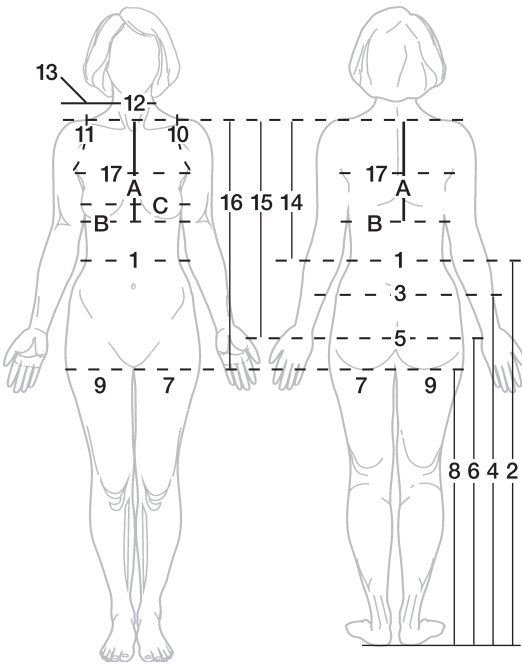
18 LENGTHS (hand outline required)				
For Open Tip, give finished length desired	✓ IF OPEN	LEFT*	RIGHT*	✓ IF OPEN
Little finger to web between little finger and ring finger 12				
Ring finger to web between ring and middle fingers 13				
Middle finger to web between middle and index fingers 14				
Index finger and web between middle and index fingers 15				
Thumb to thumb web 16				
Wrist to web between little and ring fingers 17				
Wrist to web between middle and ring fingers 18				
Wrist to web between index and middle fingers 19				
Wrist to thumb web 20				

20 CIRCUMFERENCES				
		LEFT*	RIGHT*	
Little finger DIP 1				
Little finger PIP 2				
Ring finger DIP 3				
Ring finger PIP 4				
Middle finger DIP 5				
Middle finger PIP 6				
Index finger DIP 7				
Index finger PIP 8				
Thumb 9				
Palm 10				
Wrist 11				
1 1/2" beyond Wrist				
3" beyond Wrist				

19 ZIPPER LOCATION (mark ✓)		
	LEFT	RIGHT
Dorsal (posterior)		
Ulnar (little finger) (standard)		
Palmar (anterior)		

CUSTOM™ SEAMED - TORSO / HEAD

PATIENT'S NAME or ID # (if Faxing Order) _____



21		STYLES		QTY.	PRICE EACH
CAT. NO.	STYLES				
100525	Sleeveless Vest	1, 10-14, 17			
100522	Vest - 2 Long Sleeves (1 with Gauntlet)	1, 10-14, 17 + arm(s) + hand			
100523	Vest - Long Sleeve and Gauntlet / Short Sleeves	1, 10-14, 17 + arm(s) + hand			
100524	Vest - 1 Long Sleeve and 1 Short Sleeve	1, 10-14, 17 +arm(s)			
100526	Vest - 2 Short Sleeves	1, 10-14, 17 +arm(s)			
100527	Vest - 2 Long Sleeves	1, 10-14, 17 +arm(s)			
100528	Vest - 2 Long Sleeves with Gauntlets	1, 10-14, 17 +arm(s) + hand(s)			
100530	Sleeveless Body Brief	1, 5, 7, 9-17			
100531	Body Brief with Sleeves	1, 5, 7, 9-17 + arm(s)			
100558	Sleeveless Body Suit	1, 5, 7, 9-17 + leg(s)			
100560	Body Suit with Sleeves	1, 5, 7, 9-17 + arm(s) & leg(s)			
101163	Velcro® Tabs				
100150	Beige				
100158	Black				

If arm or leg measurements are required go to arm or lower extremity section(s).

22 TORSO / BODY MEASUREMENTS

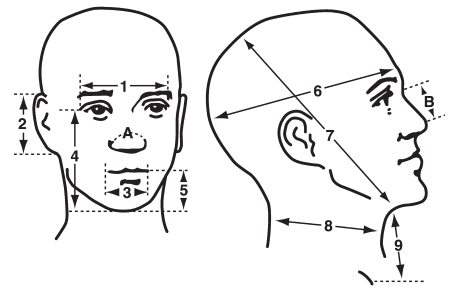
	CIRCUM		HEIGHT	
	1	2	3	4
Desired Top of Support				
Waist	1		2	
Midpoint Between 1 & 5	3		4	
Largest Part of Buttocks	5		6	
Proximal Thigh Left (at fold of buttocks)	7			
Proximal Thigh Right (at fold of buttocks)	9		8	
Left Shoulder	10			
Right Shoulder	11			
Neck	12			
Shoulder Width			13	
Shoulder to Waist			14	
Shoulder to Largest Part of Buttocks			15	
Shoulder to Fold of Buttocks			16	
Chest	17			
Shoulder to Just Under Breast	A			
Circumference Just Under Breast	B			
Circumference Over Nipple Line	C			
Shoulder to End of Support				
Circumference at End of Support				

23 TORSO / BODY DESIGN CHOICES

	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Meshed Axilla LT RT	Self Axilla LT RT	Standard Axilla LT RT	V-neck	Standard T-shirt Neck
(✓) If Yes										

24 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		



25 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
OPTIONS			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		

CUSTOM™ SEAMED - LOWER EXTREMITIES

26 LEG CIRCUMFERENCES

LEFT	TAPE#	RIGHT
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	HEEL 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	+33	
	+34½	
	+36	

Pleats at end of foot only (2 max.)

Pleat at top only (1 max.)

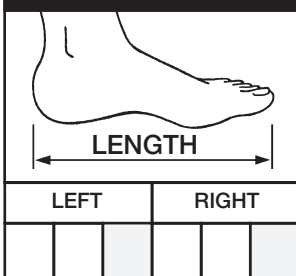
PATIENT'S NAME or ID # (if Faxing Order) _____

27 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
Waist High: Check Box #22					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101104	Maternity, _____ month of Pregnancy				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
Chap Style - Check box # 22 (#1-2 and 8)					
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
Colors					
100150	Beige				
100158	Black				
Options					
101187	Reinforced Heel				
101188	Full Ankle Lining (including heel)				
101186	Reinforced Knee				
100040	Lining behind knee				
101159	Self-material Enclosed Toe (see box 28) with compression				
101160	Soft Enclosed Toe (see box 28) without mmHg				
101164	Zippers (see box 29)				
101161	Reduced Panel Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 7/8")				
100031	Oversize Charge (60" to 69 7/8")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band*				
100160	2" Silicone Band*				
101163	Velcro® Tabs				
100176	Contracture Seam				

INDICATE THE FULL LEG

28 FOOT MEASUREMENTS



* Dotted silicone is standard.

29 ZIPPER OPTIONS

	LOCATION MARK (✓)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (inside) ASPECT				
IN BODY ONLY (begins at top)				

FAX YOUR ORDER FORM

Canada 1-877-978-9703

Hot-Line PHONE ORDER SERVICE TO OBTAIN RUSH DELIVERY. **BSN Medical** offers a special, high priority phone order service. After your toll-free phone call, the order will be completed within three work days and rushed to you via UPS 2nd Day Air or Special Delivery.* Prices of supports so ordered will be increased by 30 percent to compensate for special handling. This service fee will be withdrawn, automatically, for any order not post-marked within three work days of order date. (Service fee withdrawal does not apply if complete and accurate ordering information is not received with the Hot-Line order.)

JOBST® Custom Seamless Soft Prescription Order Form (52457) and JOBST® Custom Seamless Soft Order Form (52456) are also available.

COMMENTS

COMMENTS _____

