

Confidence® Lower Extremity Order Form

Email: hms-elvarex-orders@essity.com
 eShop: https://eshop.jobst-usa.com
 Tel: (+1) 800-537-1063
 Fax: (+1) 800-835-4325

Date: _____ Purchase Order #: _____ Patient Name: _____ DOB: _____

Fitter Name: _____ Fitter #: _____ Phone: _____

Bill To: _____ Ship To: _____

Billing Address: _____ Shipping Address: _____

<input type="checkbox"/> Last 4 digits of credit card on file OR Exp. _____	Confirmation Fax # _____
<input type="checkbox"/> New card - call to provide credit card # Billing Zip _____	Email _____
Name on CC _____	By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

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

Style

<input type="checkbox"/> AD Knee	<input type="checkbox"/> AB1 Sock	<input type="checkbox"/> CT Capri
<input type="checkbox"/> AG Thigh	<input type="checkbox"/> BT Capri	<input type="checkbox"/> ET Bermuda
<input type="checkbox"/> AT Panty	<input type="checkbox"/> B1T Capri	<input type="checkbox"/> AG-HT 1 Leg Panty

Color

<input type="checkbox"/> Beige	<input type="checkbox"/> Hazelnut NEW!	<input type="checkbox"/> Red Heather
<input type="checkbox"/> Black	<input type="checkbox"/> Cranberry NEW!	<input type="checkbox"/> Anthracite
<input type="checkbox"/> Caramel	<input type="checkbox"/> Jeans Heather	<input type="checkbox"/> Heather

AD Band Options	AG Band Options
<input type="checkbox"/> Without Silicone <input type="checkbox"/> SoftFit Band 5cm (AD only)	<input type="checkbox"/> Dotted Band 5cm with Lateral Rise

Confidence Options

- Lateral Rise AD/AG (10% of cD/cG)
- Men's style
 - with fly
 - without fly
- Adjustable Knitted Waistband Women 5cm **NEW!**
- Floral Waistband Women 5cm
- Elastic Waistband Women 5cm
- Adjustable Knitted Waistband Men 4cm **NEW!**
- Elastic Waistband Men 4cm
- Decorative Line (Front of garment)
- Patient Initials Max 2 letters (A-Z) _____
- Ankle Comfort Zone
- Knee Comfort Zone
- Hallux Valgus (slant toe option only)

Seam Optional **NEW!**

Gold Silver Multi Color

Motivational Print Options **NEW!**

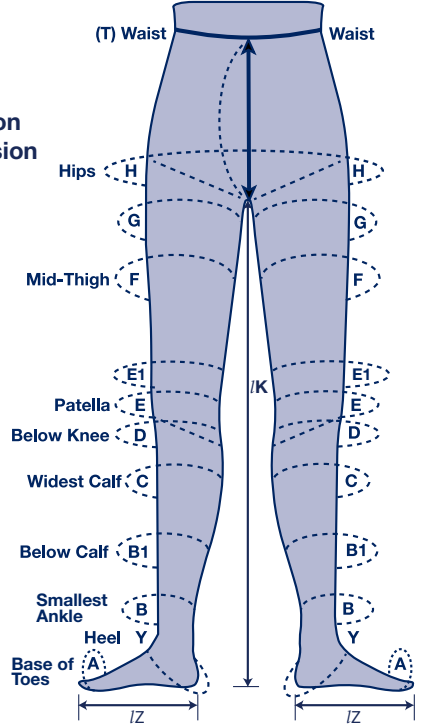
5cm waistbands only

Empower Yourself Feel Good Keep Moving

Circum. (c)	Length (l)	Length (l)
cT ⁰	/TT	/T
cH ⁰	/K3	/H
Circumference (c)		Length (l): Taken from each landmark to floor
Left	Right	Left
		/K
cG ^{++/4**}		/G
cF ⁺⁺		/F
cE1 [*]		/E1
cE ⁺		/E
cD ^{+/0**}		/D
cC ⁺⁺		/C
cB1 ⁺⁺		/B1
cB ⁺		/B
cY ⁰	AT leg lengths and CCL must be equal.	
cA ⁺		

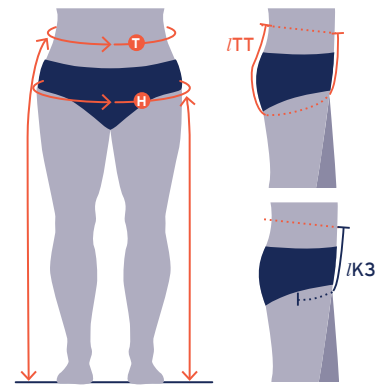
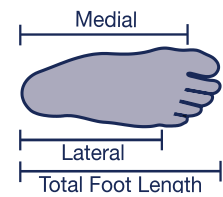
Measuring Guidelines

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



Foot Measurements for both

	Left	Right
Medial IA		
Lateral IA		
Total Foot lZ		
<input type="checkbox"/> Straight Open Toe <input type="checkbox"/> Slant Open Toe <input type="checkbox"/> Straight Closed Toe <input type="checkbox"/> Slant Closed Toe		



Chose one toe option

* cE1 for Bermuda only, measure 4cm above kneecap
 ** When selecting silicone band & straight ending

Signature: _____

* design pressure

Relax Lower Extremity Order Form

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Confidence Page 1 completion is required

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 Bill To: _____ Ship To: _____
 Billing Address: _____ Shipping Address: _____

<input type="checkbox"/> Last 4 digits of credit card on file OR Exp. _____ <input type="checkbox"/> New card - call to provide credit card # Billing Zip _____ Name on CC _____	Confirmation Fax # _____ Email _____ By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.
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REVOLUTIONARY NIGHTTIME COMPRESSION THERAPY

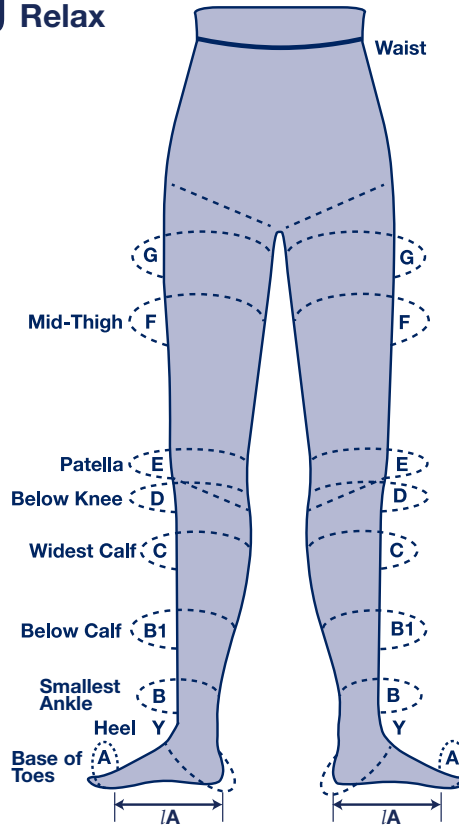
JOBST® Relax is a night compression garment that complements patients’ recommended day-time lymphedema therapy. Designed to maintain edema reduction and counteract fluid accumulation at night, patients will feel the difference and sleep more easily thanks to its lightweight and breathable features.

Color <input type="checkbox"/> Beige <input type="checkbox"/> Rose	Style <input type="checkbox"/> AD Knee <input type="checkbox"/> Thigh High Straight OPEN toe only for Relax	
Quantity/Class	CCL1 (15-20mmHg*)	CCL2 (20-30mmHg*)
Left (AD and AG)		
Right (AD and AG)		

Additional measurements required for Relax

Circumference (c)	
Left	Right
cG ^{++***}	
cF ^{++***}	

***If needed, slightly more tension can be used



Comments

Signature: _____