

Confidence® Armsleeve Order Form

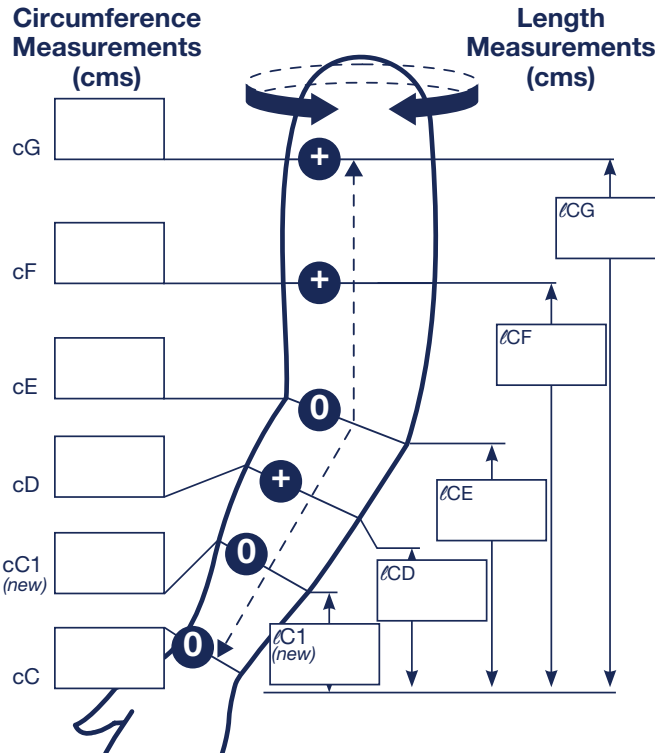
Email: hms-elvarex-orders@essity.com
 eShop: https://eshop.jobst-usa.com
 Tel: (+1) 800-537-1063
 Fax: (+1) 800-835-4325

Date: _____ Purchase Order #: _____ Patient Name: _____ DOB: _____
 Fitter Name: _____ Fitter #: _____ Phone: _____
 Bill To: _____ Ship To: _____
 Billing Address: _____ Shipping Address: _____

Last 4 digits of credit card on file OR Exp. _____
 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.

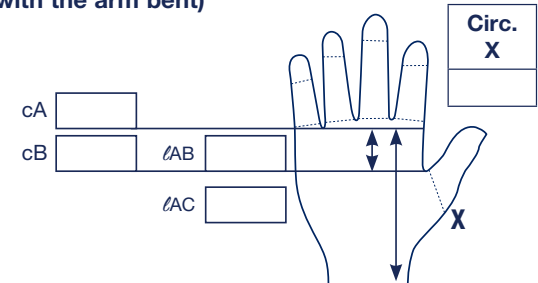
Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32 mmHg*)
Left		
Right		
Styles		Color
<input type="checkbox"/> CG1 <input type="checkbox"/> AG1		<input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Caramel <input type="checkbox"/> Hazelnut NEW!
		<input type="checkbox"/> Cranberry NEW! <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Red Heather <input type="checkbox"/> Anthracite Heather
Elbow Options		Silicone Band
<input type="checkbox"/> Elbow Comfort Zone		<input type="checkbox"/> No Silicone
Elbow Bend Options		<input type="checkbox"/> SoftFit 2.5cm
<input type="checkbox"/> Elbow 25 Degree (standard)		<input type="checkbox"/> 2.5cm Top
<input type="checkbox"/> Elbow 45 Degree		<input type="checkbox"/> 2.5cm Inside 1/2
Seam Options <i>NEW!</i>		
<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Multi Color		
Decorative Options		
<input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____		
Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)		



Measuring Guidelines

(Only applicable for Confidence)
 See Arm Diagram for applicable tension at each landmark.
 Apply lay-on measurement/no tension to every circumference on the hand, fingers and thumb.
 See JOBST Measuring Guidelines for complete measuring instructions.

- 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)**



Comments

* Design Pressure
 For additional product order forms, please go to:
<http://www.jobstcompressioninstitute.com/resources/orders>

Signature: _____

Relax Armsleeve Order Form

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

Confidence Page 1 completion is required

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.

REVOLUTIONARY NIGHTTIME COMPRESSION THERAPY

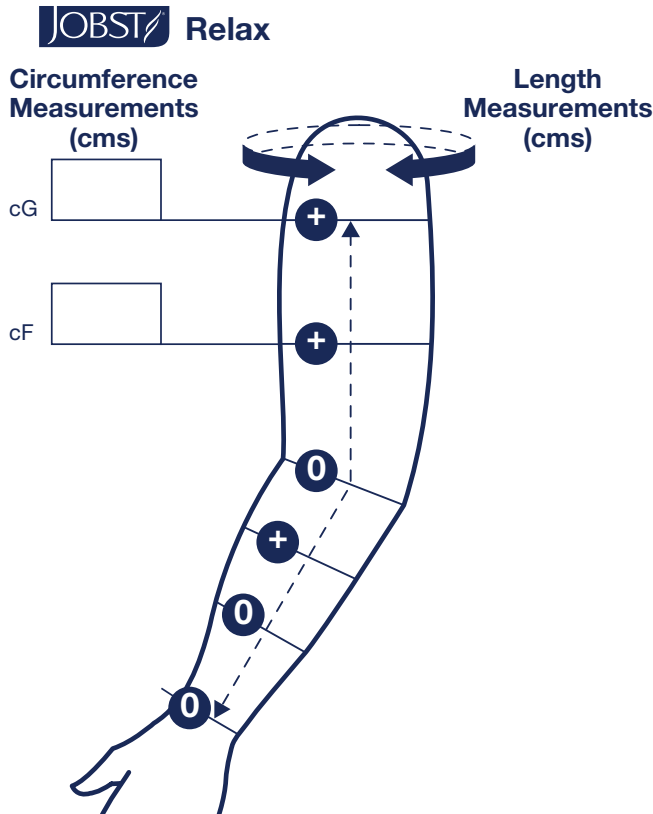
JOBST® Relax is a night compression garment that complements patients’ recommended day-time lymphedema therapy. Designed to maintain edema reduction and counteract fluid accumulation at night, patients will feel the difference and sleep more easily thanks to its lightweight and breathable features.

Color <input type="checkbox"/> Beige <input type="checkbox"/> Rose	Style <input type="checkbox"/> CG Armsleeve <input type="checkbox"/> AG Armsleeve w/gauntlet
Quantity/Class	CCL1 (15-20mmHg*)
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: _____