



JOBST Confidence® Lower Extremity Order Form

Patient Name / ID Code or File # _____ DOB _____ Date _____
 Address _____ Gender M F
 City/Province/Postal Code _____
 Diagnosis _____ Lymphedema Lipedema

TO ORDER:
<https://eshop.jobst-ca.com>
Email: ca.elvarex@essity.com
Tel: 1-877-978-5526 | 1-877-358-2739
Fax: 1-877-978-9703

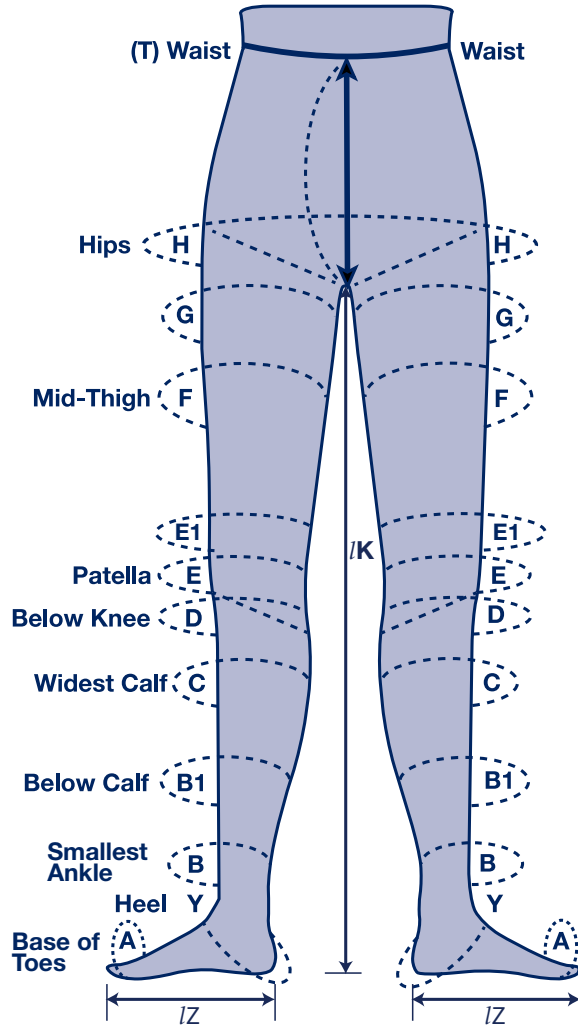
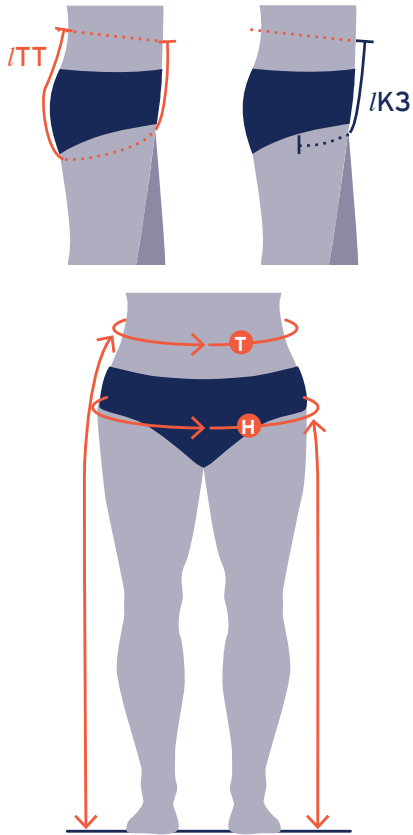
Fitter Name _____ Fitter # _____ Fitter Phone _____		PO#					
Fitter Facility _____ Email _____		Original Order <input type="checkbox"/> Reorder w Changes <input type="checkbox"/> Exact Reorder <input type="checkbox"/>					
Ship To Acct # _____ Acct Name _____		Schema # _____					
Address _____ City _____ Province _____ Postal Code _____		Confirmation Fax # _____					
Email _____ Phone _____ Fax _____		Email _____					
Bill To Acct # _____ Acct Name _____		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.					
Address _____ City _____ Province _____ Postal Code _____							
Email _____ Phone _____ Fax _____							
Colour		Style		Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
<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		<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		Left			
				Right			
AD Band Options		AG Band Options		Comments			
<input type="checkbox"/> Without Silicone <input type="checkbox"/> SoftFit Band 5cm (AD only)		<input type="checkbox"/> Dotted Band 5cm with Lateral Rise					
Confidence Options		Seam Options NEW!					
<input type="checkbox"/> Lateral Rise AD/AG (10% of cD/cG) <input type="checkbox"/> Men's style <input type="checkbox"/> with fly <input type="checkbox"/> without fly <input type="checkbox"/> Knitted Waistband Women 5cm NEW! <input type="checkbox"/> Floral Waistband Women 5cm <input type="checkbox"/> Elastic Waistband Women 5cm <input type="checkbox"/> Knitted Waistband Men 4cm NEW! <input type="checkbox"/> Elastic Waistband Men 4cm <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____ <input type="checkbox"/> Ankle Comfort Zone <input type="checkbox"/> Knee Comfort Zone <input type="checkbox"/> Hallux Valgus (slant toe option only)		<input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Multi Colour					
		Motivational Print Options NEW!					
		5cm waistbands only					
		 <input type="checkbox"/> Empower Yourself					
		 <input type="checkbox"/> Feel Good					
		 <input type="checkbox"/> Keep Moving					

* design pressure

Measurements to be inserted on back of page

Measuring Guidelines

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

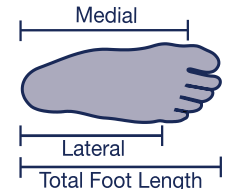


Circum. (c)	Length (l)		
cT ⁰	/TT	/T	
cH ⁰	/K3	/H	
Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG ^{++/+**}		/G	
cF ⁺⁺		/F	
cE1 ⁺		/E1	
cE ⁺		/E	
cD ^{+/0**}		/D	
cC ⁺⁺		/C	
cB1 ⁺⁺		/B1	
cB ⁺		/B	
cY ⁰		AT leg lengths and CCL must be equal.	
cA ⁺			

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

Foot Measurements

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



Choose one toe option