

Patient Name / ID Code or File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

City/Province/ Postal Code \_\_\_\_\_

Diagnosis \_\_\_\_\_

<b>PO#</b>	
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 _____ Province _____ Postal Code _____
Email _____	Phone _____ Fax _____

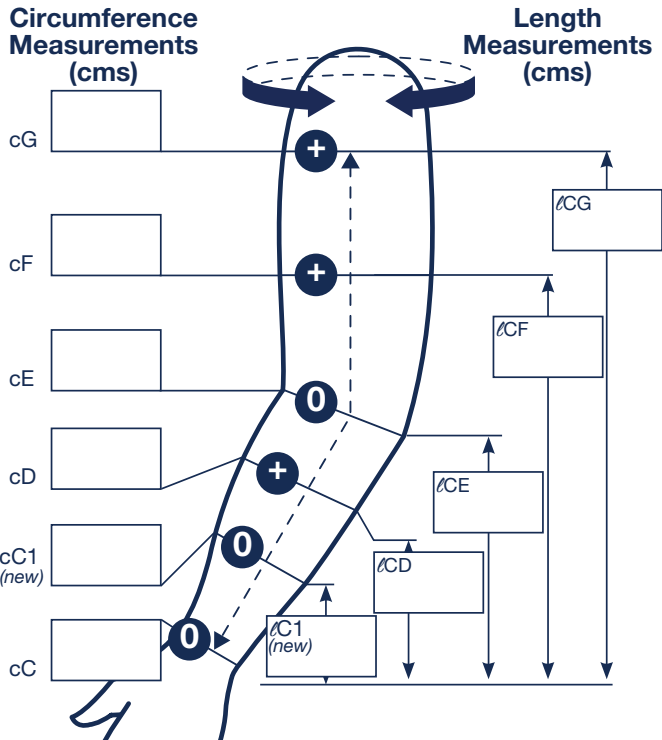
Bill To Acct # _____	Acct Name _____
Address _____	City _____ Province _____ Postal Code _____
Email _____	Phone _____ Fax _____

Confirmation Fax # _____	<b>Quantity/Class</b>	<b>CCL1</b> (15-21mmHg*)	<b>CCL2</b> (23-32 mmHg*)
Email _____		Left	
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.		Right	

<b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Hazelnut <b>NEW!</b> <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Cranberry <b>NEW!</b> <input type="checkbox"/> Red Heather <input type="checkbox"/> Anthracite Heather	<b>Styles</b> <input type="checkbox"/> CG1 <input type="checkbox"/> AG1	<b>Elbow Options</b> <input type="checkbox"/> Elbow Comfort Zone	<b>Elbow Bend Options</b>
			<input type="checkbox"/> Elbow 25 Degree (standard)
			<input type="checkbox"/> Elbow 45 Degree

<b>Seam Options</b> <b>NEW!</b> <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Multi Color	<b>Decorative Options</b> <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____	<b>Silicone Band</b> <input type="checkbox"/> No Silicone <input type="checkbox"/> 2.5cm Top <input type="checkbox"/> SoftFit 2.5cm <input type="checkbox"/> 2.5cm Inside 1/2
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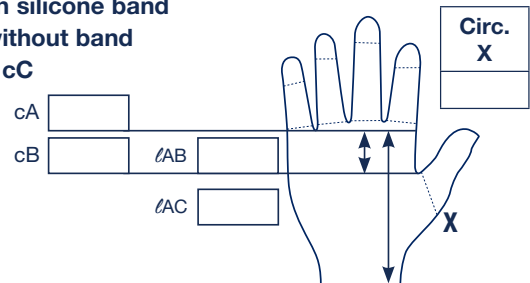
Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)



**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
- ∆C1 = 5 to 7cm above cC
- (∆CG must be taken with the arm bent)



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