



Elvarex® Lower Extremity Order Form

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

Patient Name / Essity File # _____ Date _____
 Address _____ Gender M F
 City/Province/Postal Code _____ DOB _____

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 _____

PO# _____
 Original Order Reorder w Changes
 Exact Reorder
 Schema # _____
 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.

Colour	Seam Colour	Quantity/Class	CCL1	CCL2	CCL3	CCL3F	CCL4	CCL4S
			(18-21mmHg*)	(23-32mmHg*)	(34-46mmHg*)	(34-46mmHg*)	(49-70mmHg*)	(60-90mmHg*)
<input type="checkbox"/> Beige	<input type="checkbox"/> Beige	Left						
<input type="checkbox"/> Black	<input type="checkbox"/> Black	Right						
<input type="checkbox"/> Cocoa	<input type="checkbox"/> Cocoa	Pressure panty Elvarex® (Body Bandage)						
<input type="checkbox"/> Navy	<input type="checkbox"/> Navy							
<input type="checkbox"/> Grey	<input type="checkbox"/> Caramel							
<input type="checkbox"/> Cranberry	<input type="checkbox"/> Bronze							

Style
 AD Knee AG-T (AG with chapstyle) AG-HT 1½ Leg B'G FT Biker Shorts B1T Capri
 AF Mid-Thigh Piece Pantyhose BG B1G-T Chap
 AG Thigh Pair AT Pantyhose FG (leg extension) BT Capri

Comments

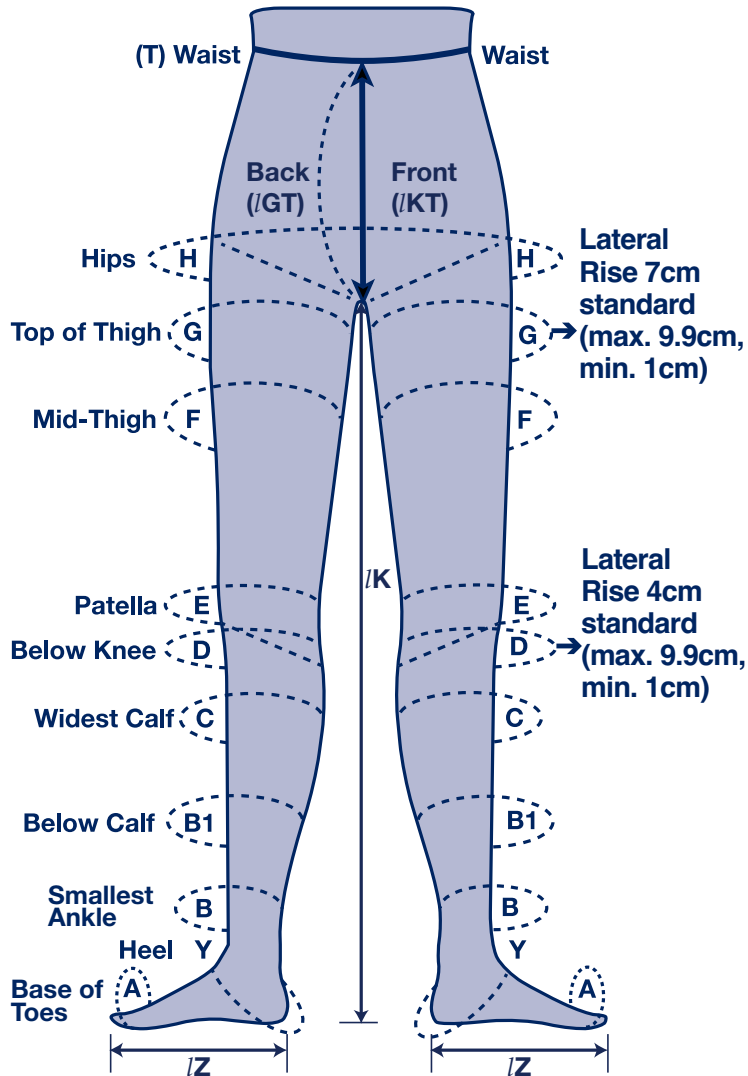
Options

<input type="checkbox"/> T-Heel (Class 2-3 forte only)	<input type="checkbox"/> Silicone Waistband 5cm	<input type="checkbox"/> Top Comfort Zone
<input type="checkbox"/> Profile (Not available with pocket instep)	<input type="checkbox"/> Adjustable Waistband	<input type="checkbox"/> Pocket
<input type="checkbox"/> SoftFit band (Only available CCL1-3, AD only)	<input type="checkbox"/> Ribbed Fleece Waistband 5cm	<input type="checkbox"/> Instep (Not available with Profile)
<input type="checkbox"/> Silicone dotted band 2.5cm:	<input type="checkbox"/> Ribbed Comfort Waistband w/Velcro 5cm	<input type="checkbox"/> Back of Knee†
<input type="checkbox"/> Top	<input type="checkbox"/> Sensitive Waistband 5cm	<input type="checkbox"/> All four sides closed
<input type="checkbox"/> Inside	<input type="checkbox"/> Vertical Silicone Strips AG:	<input type="checkbox"/> Crotch options
<input type="checkbox"/> Inside ¾	<input type="checkbox"/> Front <input type="checkbox"/> Back	<input type="checkbox"/> Standard
<input type="checkbox"/> Silicone dotted band 5cm:	<input type="checkbox"/> Both	<input type="checkbox"/> With Compression
<input type="checkbox"/> Top	<input type="checkbox"/> Zipper B to D only:	<input type="checkbox"/> Fly for Men
<input type="checkbox"/> Inside	<input type="checkbox"/> Inside (Medial)	<input type="checkbox"/> Mesh
<input type="checkbox"/> Inside ¾	<input type="checkbox"/> Outside (Lateral)	<input type="checkbox"/> Custom Scrotal Pouch (measurement on following page)
<input type="checkbox"/> Micro dotted top band 5cm	<input type="checkbox"/> Zipper E to G only:	
<input type="checkbox"/> Lateral Rise AD only	<input type="checkbox"/> Inside (Medial)	
<input type="checkbox"/> Standard: 4cm	<input type="checkbox"/> Outside (Lateral)	
<input type="checkbox"/> Other: _____ cm	<input type="checkbox"/> Knee Comfort Zone (Not available in CCL1)	

Measurements to be inserted on back of page

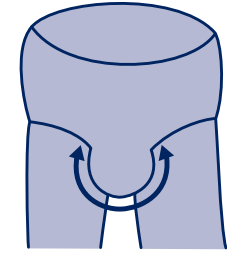
Measuring Guidelines

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

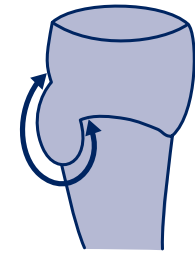


Circum. (c)	Length (l)	Length (l)
cT ⁺	lKT	lT
cH ⁺⁺	lGT	lH

Circumference (c)	Length (l): Taken from each landmark to floor			
	Left	Right	Left	Right
			lK	
cG ^{++/+} **			lG	
cF ⁺⁺			lF	
cE ⁺			lE	
cD ^{+/0} **			lD	
cC ⁺⁺			lC	
cB1 ⁺⁺			lB1	
cB ⁺			lB	
cY ⁰			lA (medial)	
cA ⁺ **			lA (lateral)	



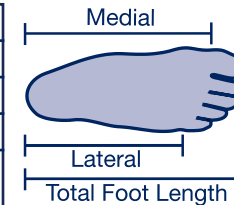
Measure around the scrotum from left side to right side



Measure over the scrotum from the base of the penis anteriorly to where the scrotum connects to the perineum posteriorly

Foot Measurements

	Left	Right
Medial lA		
Lateral lA		
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	



Choose one toe option

CAUTION: This product contains natural rubber latex which may cause allergic reactions.

- * Design Pressure
- ** If measuring is done in lying position, cA please apply 0 tension
- *** If silicone band & straight ending
- † Not available with Knee Comfort Zone