

Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor/Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

<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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Confirmation Fax # \_\_\_\_\_  Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

Email \_\_\_\_\_  New card - call to provide credit card # Billing Zip \_\_\_\_\_

By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

Name on CC \_\_\_\_\_

Color	Seam Color**	Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*
<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Grey	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Grey	Left _____ Right _____ Body Bandage _____			

Styles	Medial	Slant Open Toe Length	Slant Closed Toe Length
<input type="checkbox"/> AD Knee <input type="checkbox"/> AG Thigh <input type="checkbox"/> AG-T Chap: <input type="checkbox"/> pc. <input type="checkbox"/> pr. <input type="checkbox"/> AT Pantyhose <small>AT Pantyhose must be all one compression class. All leg lengths must be equal.</small>		<input type="checkbox"/> Straight Open Toe Length Lateral _____ cm Total Foot _____ cm	<input type="checkbox"/> Slant Open Toe Length Medial _____ cm Lateral _____ cm Total Foot _____ cm

Circum. (c)	Length (l)	Length (l)	Variations	Special Options								
cT	K2-T	lT	<input type="checkbox"/> B1G-T <input type="checkbox"/> FT Biker Short <input type="checkbox"/> BG-T	<input type="checkbox"/> T-Heel <input type="checkbox"/> Adj. waistband <input type="checkbox"/> Open pubis								
cH	K1-T	lH		<table border="1"> <tr> <th>Silicone Band</th> <th>On Top</th> </tr> <tr> <td>2.5cm (A-D Only)</td> <td></td> </tr> <tr> <td>5cm</td> <td></td> </tr> </table>	Silicone Band	On Top	2.5cm (A-D Only)		5cm			
Silicone Band	On Top											
2.5cm (A-D Only)												
5cm												
<table border="1"> <tr> <th colspan="2">Circumference (c)</th> <th colspan="2">Length (l): Taken from each landmark to floor</th> </tr> <tr> <th>Left</th> <th>Right</th> <th>Left</th> <th>Right</th> </tr> </table>		Circumference (c)		Length (l): Taken from each landmark to floor		Left	Right	Left	Right		<input type="checkbox"/> AG-T Not available with Silicone band. AT Pantyhose must be all one compression class. All leg lengths must be equal.	
Circumference (c)		Length (l): Taken from each landmark to floor										
Left	Right	Left		Right								
cG		lG			<input type="checkbox"/> <b>SoftFit band</b> (A-D Only)							
cF		lF			<b>Pocket</b> <input type="checkbox"/> In-step <input type="checkbox"/> Back of knee <input type="checkbox"/> All four sides closed							
cE		lE			All measurements should be in centimeters. * Design Pressure ** Seam colors only available when main garment color is beige.							
cD		lD		<b>NOTE:</b> Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All colors have an estimated arrival time of 7-10 business days from the date submitted.								
cC		lC		For additional product order forms, please go to: <a href="http://www.jobstcompressioninstitute.com/resources/orders">http://www.jobstcompressioninstitute.com/resources/orders</a>								
cB1		lB1										
cB		lB										
cY		lA (medial)										
cA		lA (lateral)										