

Elvarex® Soft Order Form

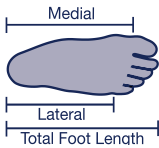
Lower Extremity

TO ORDER:
<https://eshop.jobst-usa.com/>
Tel: (+1) 800-537-1063
Fax: (+1) 800-835-4325

Patient Name / Essity File # _____ DOB _____
 Address _____ Gender M F
 City/State/Zip _____
 Diagnosis _____

Date _____

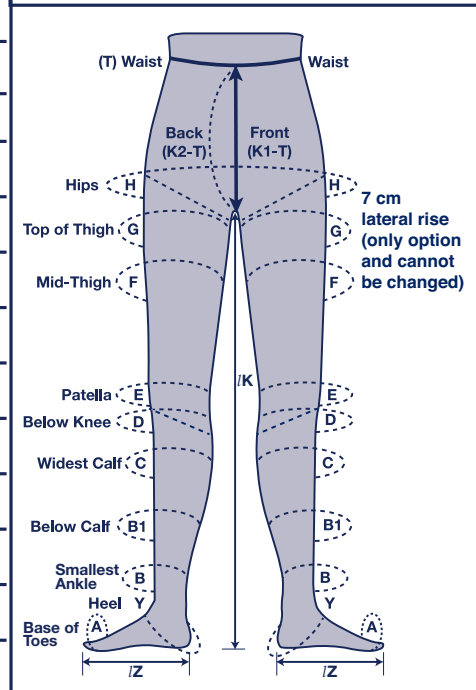
Color	Quantity/Class	CCL1 18-21 mmHg*	CCL2 23-32 mmHg*	CCL3 34-46 mmHg*
<input type="checkbox"/> Beige <input type="checkbox"/> Gray	Left			
<input type="checkbox"/> Black <input type="checkbox"/> Cocoa	Right			
<input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry	Body Bandage <small>ccl must be same as legs</small>			
<input type="checkbox"/> Navy				

Styles <input type="checkbox"/> AD Knee <input type="checkbox"/> AG-T Chap: <input type="checkbox"/> pc. <input type="checkbox"/> pr. <input type="checkbox"/> AG Thigh <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	<input type="checkbox"/> Slant Open Toe Length Medial _____ cm	<input type="checkbox"/> Slant Closed Toe Length Medial _____ cm
		<input type="checkbox"/> Straight Closed Toe Length Total Foot IZ _____ cm	Lateral _____ cm	Total Foot IZ _____ cm

Circum. (c)	Length (l)	Length (l)	
cT	K2-T	/T	
cH	K1-T	/H	
Circumference (c)		Length (l): <small>Taken from each landmark to floor</small>	
Left	Right	Left	Right
		/K	
cG		/G	
cF		/F	
cE		/E	
cD		/D	
cC		/C	
cB1		/B1	
cB		/B	
cY		/A (medial)	
cA		/A (lateral)	

Variations

B1G-T FT Biker Short
 BG-T



Special Options

Oblique: standard 4cm AD Adj. waistband (AT panty only)
 Other: ____cm Open pubis (AT panty only)
 T-Heel

Silicone Band	On Top
2.5cm (A-D Only)	
5cm	

AG-T Not available with Silicone band.
 AT Pantyhose must be all one compression class. All leg lengths must be equal.

SoftFit band (A-D Only)

Pocket	Lining (Pocket all sides closed)
<input type="checkbox"/> In-step	<input type="checkbox"/> In-step
<input type="checkbox"/> Back of knee	<input type="checkbox"/> Back of knee
	<input type="checkbox"/> Heel

All measurements should be in centimeters.
 * Design Pressure
 *** Lateral rise: standard is 4cm AD and required is 7cm AG
 For additional product order forms, please go to:
<http://www.jobstcompressioninstitute.com/resources/orders>

Comments: _____

