JOBST Elvarex[®] Stump Order Form

Lymphedema Garments

Lower Extremity Order Form 50333 <u>must accompany</u> this form.

Patient Name / ID Code or File #	DOB	Date
Address		_ Gender M 🗆 🛛 F 🗆
City/State/Zip		_
	 A. Length from the lateral to aspect around the stump Length Left to Right	cm to posterior cm e base of stump. d of the garment m end of stump.

- Include lengths from whichever landmarks are applicable.
- Include a tracing of the end of the stump to show any abnormal protrusions.
 Tracing must contain 1" x 1" scale for reference.
- Pictures are very helpful: front, side, back.
- Please have fitter call Elvarex Customer Service Team before measuring if assistance is needed: 1-800-221-7573, option 3.



 BSN Medical Inc., an Essity company

 5825 Carnegie Blvd.
 Charlotte, NC 28209-4633

 Tel. (+1) 704 554 9933
 Fax (+1) 800 835 4325

 63708 R1
 © 2023 BSN Medical Inc.
 B23

