

Patient Name / Essity File # _____ DOB _____ Date _____

Address _____ Gender M F

City / State / Zip _____

Diagnosis _____

Doctor/Address _____

City / State / Zip _____

PO#

Original Order Reorder w Changes

Exact Reorder

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 # _____

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.

Last 4 digits of credit card on file OR Exp. _____

New card - call to provide credit card #

Name on CC _____ Billing Zip _____

Elvarex [®] **	Elvarex [®] Plus [®] **	Elvarex [®] Soft Seamless	Qty/Class	CCL1 (18-21mmHg)	CCL2 (23-32mmHg)	CCL3 [†] (34-46mmHg)
<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	Left			
			Right			

Small Toe Open^{***}

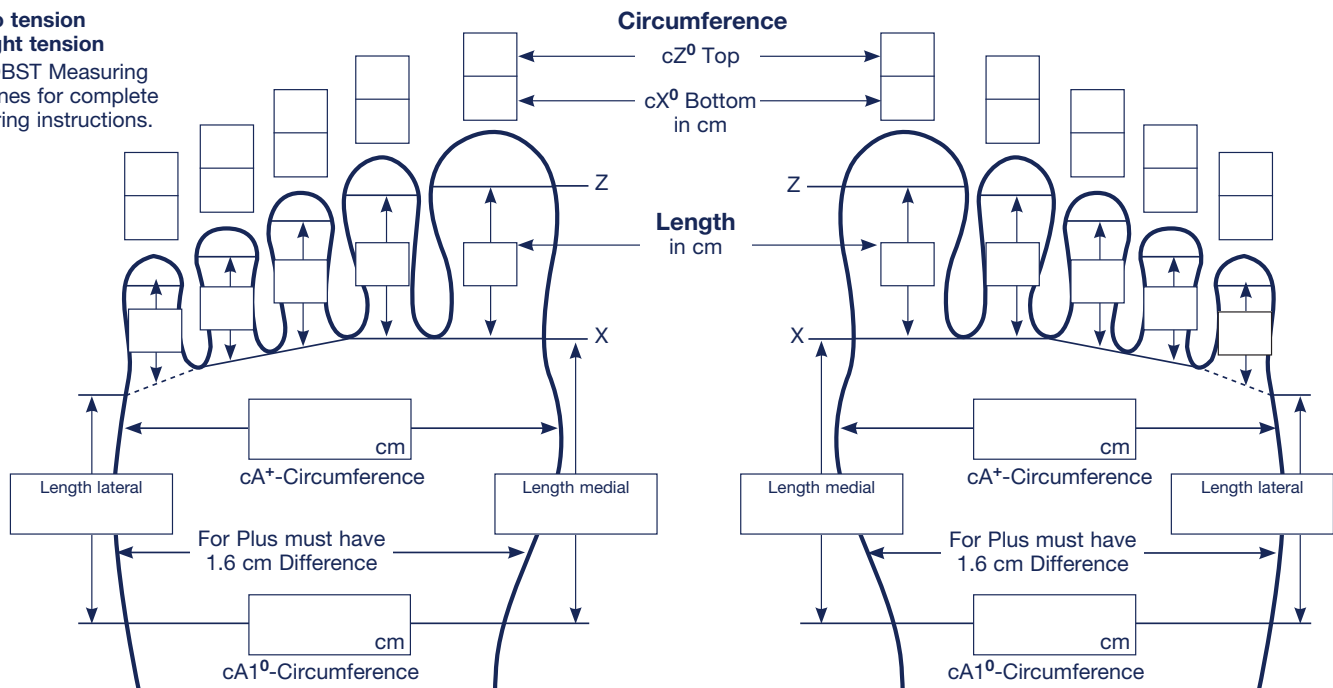
Left 0.5cm 1cm 1.5cm
 Right 0.5cm 1cm 1.5cm

All 5th Toe circumferences are required for Elvarex[®] Plus, even if choosing open 5th toe option.

Small Toe Covered^{***}

Left Right

0 no tension
+ light tension
See JOBST Measuring Guidelines for complete measuring instructions.



NOTE: All Elvarex[®] garments have an estimated arrival time of 4-5 days. Elvarex[®] Plus and Elvarex[®] Soft Seamless garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All other colours for the Elvarex Plus and Soft Seamless have an estimated arrival time of 7-10 business days from the date submitted.

* Design Pressure † Only available in Elvarex[®]

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

*** Cut-back is only available in Elvarex[®] and Elvarex[®] Plus. No cut-back in Elvarex[®] Soft Seamless.

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