

Patient Name / ID Code or 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 # \_\_\_\_\_

Email \_\_\_\_\_

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.

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

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

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

**Color**

Beige  Caramel  
 Black  Jeans Heather  
 Red Heather  Anthracite Heather

**Styles**

CG1  
 AG1

**Quantity/Class**

	<b>CCL1</b> (15-21mmHg*)	<b>CCL2</b> (23-32 mmHg*)
Left		
Right		

**Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)**

**Elbow Options**

Elbow Comfort Zone

**Elbow Bend Options**

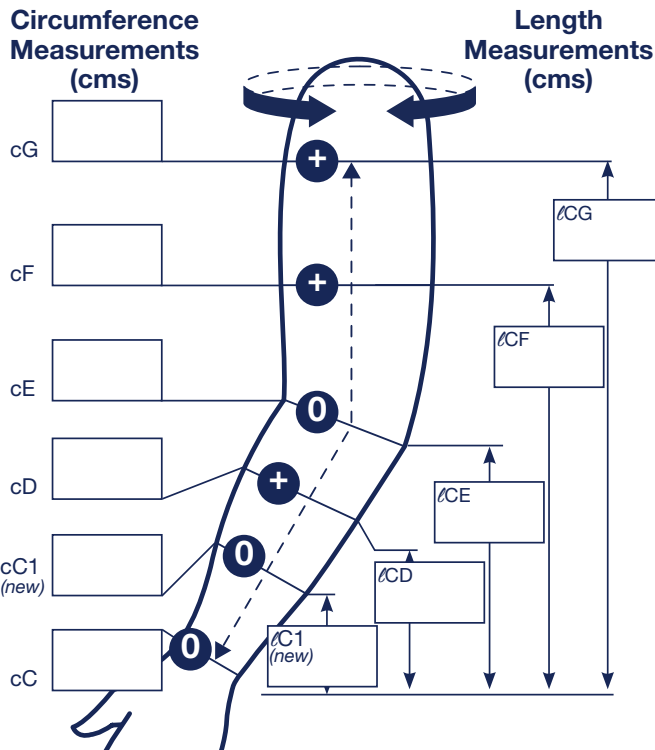
Elbow 25 Degree (standard)  
 Elbow 45 Degree

**Decorative Options**

Decorative Line (Front of garment)  
 Patient Initials  
 Max 2 letters (A-Z) \_\_\_\_\_

**Silicone Band**

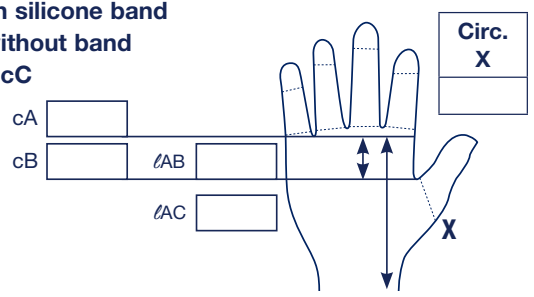
No Silicone  
 SoftFit 2.5cm  
 2.5cm Top  
 2.5cm Inside 1/2



## Measuring Guidelines

(Only applicable for Confidence)  
 See Arm Diagram for applicable tension at each landmark.  
 Apply lay-on measurement/no tension to every circumference on the hand, fingers and thumb. See JOBST Measuring Guidelines for complete measuring instructions.

- 0 no tension
- + light tension
- cG = 0 no tension with silicone band
- cG = + light tension without band
- lC1 = 5 to 7cm above cC
- (lCG must be taken with the arm bent)



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