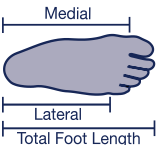


Patient Name / Essity File # _____ DOB _____
 Address _____ Gender M F
 City/State/Zip _____
 Diagnosis _____ Date _____

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



Straight Open Toe Length Slant Open Toe Length Slant Closed Toe Length
 Lateral _____ cm Medial _____ cm Medial _____ cm
 Straight Closed Toe Length Lateral _____ cm Lateral _____ cm
 Total Foot IZ _____ cm Total Foot IZ _____ cm

Options

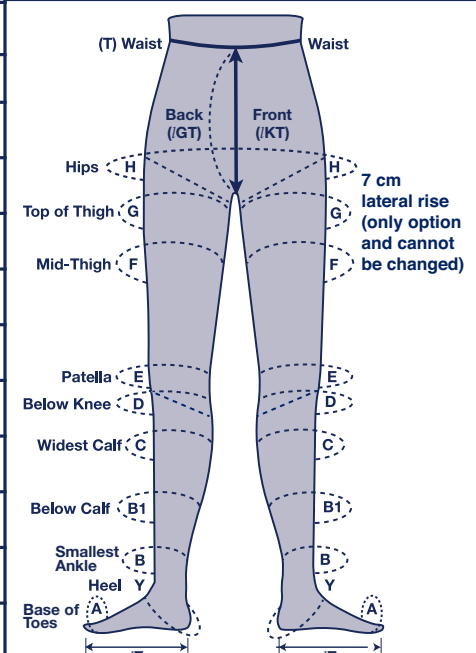
T-Heel
 Top Comfort Zone (available for AG Thigh only)

Circum. (c)	Length (l)	Length (l)	Variations	Tensions
cT ⁰	/GT	/T	<input type="checkbox"/> B1G-T <input type="checkbox"/> BG-T <input type="checkbox"/> FT Biker Short	0 no tension + light tension ++ heavy tension
cH ⁺⁺	/KT	/H		

AT Panty Options

Adjustable Waistband
 Open Pubis
 Ribbed Fleece Waistband

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG ⁺⁺ **		/G	
cF ⁺⁺		/F	
cE ⁺		/E	
cD ⁺ ***		/D	
cC ⁺⁺		/C	
cB1 ⁺⁺		/B1	
cB ⁺		/B	
cY ⁰		/A (medial)	
cA ⁺ **		/A (lateral)	



Lateral Rise AD standard 4cm Other: ____cm (2cm-6cm)
(AG fixed 7cm, no modifications)

Silicone Dot Top Band 2.5cm (AD Only) 5cm
(Silicone band not available for AG-T)

Micro-Dot Top Band 5cm

SoftFit Band 5cm (AD Only)

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

All measurements should be in centimeters.
 * Design Pressure
 ** If measuring is done in lying position, cA please apply 0 tension
 ***cD/cG 0 tension with silicone band and straight ending
 Lateral rise: standard is 4cm AD and required is 7cm AG
 For additional product order forms, please go to:
<https://eshop.jobst-usa.com>

Comments: _____

