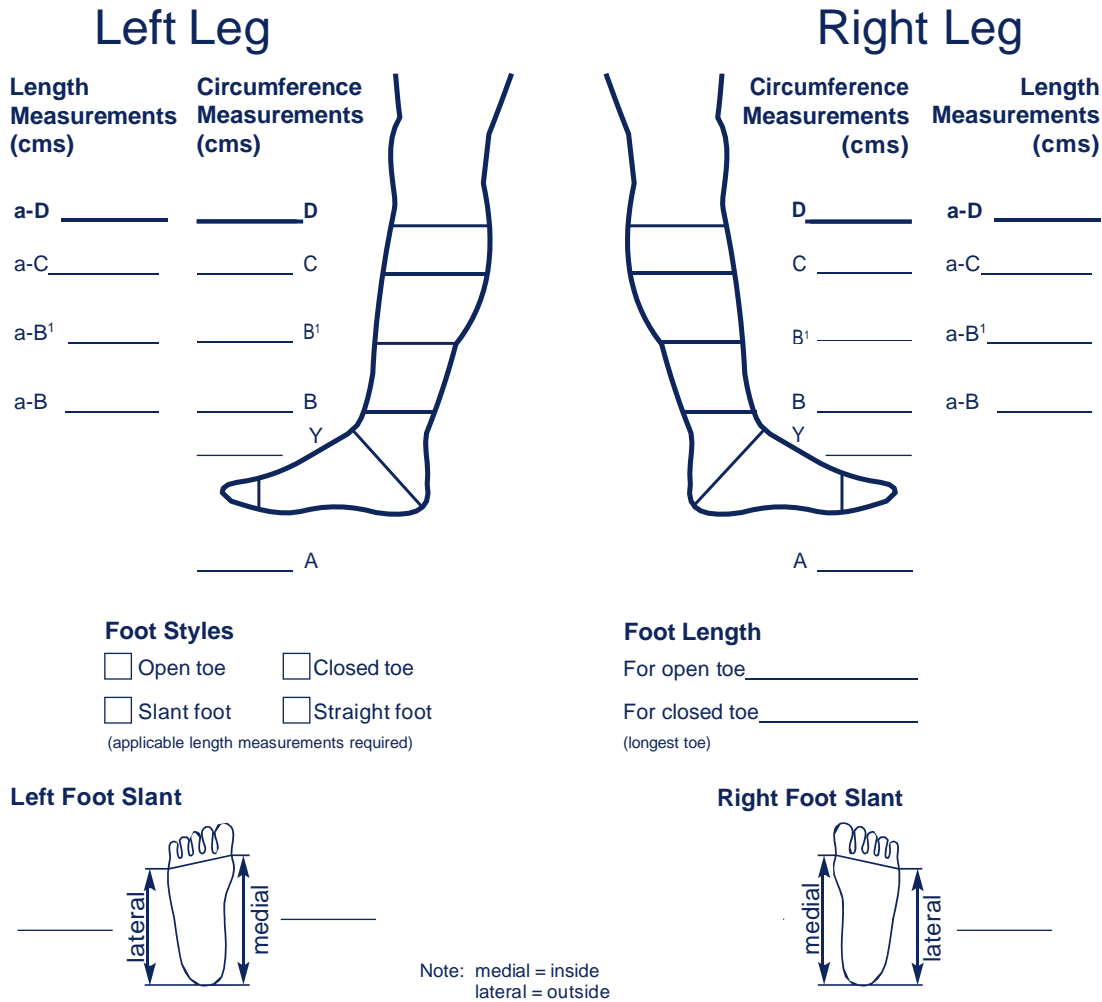


Date: _____ Purchase Order No.: _____ Patient Name: _____ DoB: _____
 Measured By: _____ Tel: _____ Email: _____
 Delivery Address: _____ Invoice Address: _____



<input type="checkbox"/> JOBST® Elvarex®								
Compression Class (RAL)	Quantity							
	Left	Right						
CCL 1 (18-21mmHg)								
CCL 2 (23-32mmHg)								
CCL 3 (34-46mmHg)								
CCL 3F (34-46mmHg)								
CCL 4 (49-70mmHg)								
CCL 4S (60-90mmHg)								
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Style <input checked="" type="checkbox"/> AD Knee high </td> <td style="width: 50%; vertical-align: top;"> Options <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm <input type="checkbox"/> Inside <input type="checkbox"/> On top <input type="checkbox"/> Pieces <input type="checkbox"/> 3/4 band <input type="checkbox"/> Zipper† <input type="checkbox"/> Silk pocket† <input type="checkbox"/> T-Heel (CCL 2-3F only) <input type="checkbox"/> Ankle pad (profile) </td> </tr> <tr> <td style="vertical-align: top;"> Colour <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry <input type="checkbox"/> Henna <input type="checkbox"/> Denim <input type="checkbox"/> Graphite <input type="checkbox"/> Stone <input type="checkbox"/> Aubergine </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> Coloured Seam Mix garment and seam colour (no code / charge for seam colour) <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry </td> <td></td> </tr> </table>			Style <input checked="" type="checkbox"/> AD Knee high	Options <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm <input type="checkbox"/> Inside <input type="checkbox"/> On top <input type="checkbox"/> Pieces <input type="checkbox"/> 3/4 band <input type="checkbox"/> Zipper† <input type="checkbox"/> Silk pocket† <input type="checkbox"/> T-Heel (CCL 2-3F only) <input type="checkbox"/> Ankle pad (profile)	Colour <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry <input type="checkbox"/> Henna <input type="checkbox"/> Denim <input type="checkbox"/> Graphite <input type="checkbox"/> Stone <input type="checkbox"/> Aubergine		Coloured Seam Mix garment and seam colour (no code / charge for seam colour) <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	
Style <input checked="" type="checkbox"/> AD Knee high	Options <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm <input type="checkbox"/> Inside <input type="checkbox"/> On top <input type="checkbox"/> Pieces <input type="checkbox"/> 3/4 band <input type="checkbox"/> Zipper† <input type="checkbox"/> Silk pocket† <input type="checkbox"/> T-Heel (CCL 2-3F only) <input type="checkbox"/> Ankle pad (profile)							
Colour <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry <input type="checkbox"/> Henna <input type="checkbox"/> Denim <input type="checkbox"/> Graphite <input type="checkbox"/> Stone <input type="checkbox"/> Aubergine								
Coloured Seam Mix garment and seam colour (no code / charge for seam colour) <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry								
Remarks 								



<input type="checkbox"/> JOBST® Elvarex® Soft
Compression Class (RAL) <input type="checkbox"/> CCL 1 (18-21mmHg) <input type="checkbox"/> CCL 2 (23-32mmHg) <input type="checkbox"/> CCL 3 (34-46mmHg)
Colour <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry <input type="checkbox"/> Ruby red <input type="checkbox"/> Pine Green <input type="checkbox"/> Sunflower Yellow
Style <input checked="" type="checkbox"/> AD Knee high
Quantity Left <input style="width: 50px;" type="text"/> Right <input style="width: 50px;" type="text"/>
Options <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm on top <input type="checkbox"/> 5cm on top <input type="checkbox"/> Silk pocket† <input type="checkbox"/> T-Heel
Remarks

†State position/length

†State position/length

JOBST® Elvarex® Custom-Fit

Please ask your patient to present this form to their prescriber to obtain their compression garments on prescription.

Patient Name: _____	Date of Birth: _____	Date: _____
Clinic: _____	Contact Number: _____	Measured By: _____ Signature: _____

Dear Prescriber

Following a full assessment, it is my recommendation that the above patient is supplied with JOBST® Elvarex® Custom-Fit or JOBST® Elvarex® Soft Custom-Fit compression garment(s). Please could you therefore provide a prescription for the following as soon as possible. In addition, please add to repeat prescription to facilitate patient self-ordering.

AD Below Knee							
JOBST® Elvarex®				JOBST® Elvarex® Soft			
Style	Compression Class	Drug Tariff Code	Qty	Style	Compression Class	Drug Tariff Code	Qty
AD Below Knee	CCL 1 (18-21mmHg)	L1-01-04		AD Below Knee	CCL 1 (18-21mmHg)	L1-10-04	
AD Below Knee	CCL 2 (23-32mmHg)	L2-02-04		AD Below Knee	CCL 2 (23-32mmHg)	L2-08-04	
AD Below Knee	CCL 3 (34-46mmHg)	L3-03-04		AD Below Knee	CCL 3 (34-46mmHg)	L3-09-04	
AD Below Knee	CCL 3F (34-46mmHg)	L3-04-04					
AD Below Knee	CCL 4 (49-70mmHg)	L4-05-04					
AD Below Knee	CCL 4S (60-90mmHg)	L5-06-04					
Style	Options	Drug Tariff Code		Style	Options	Drug Tariff Code	
AD Below Knee	Closed Toe	L-A001		AD Below Knee	Closed Toe	L-A001S	
AD Below Knee	2 Ankle pad (profile)	L-A002		AD Below Knee	Silicone band	L-A004S	
AD Below Knee	Zipper	L-A003		AD Below Knee	Non-standard colour	L-A008S	
AD Below Knee	Silicone band	L-A004		AD Below Knee	T-Heel	L-A010S	
AD Below Knee	Non-standard colour	L-A008		AD Below Knee	SoftFit	L-A016S	
AD Below Knee	T-Heel (CCL 2-3F only)	L-A010					
AD Below Knee	SoftFit (CCL 1-3 only)	L-A016					

Please state quantity in appropriate boxes for compression class and option(s) so that ALL necessary codes can be included on the prescription.

Schema Number (for repeat orders): _____

Note: this number can be found on the Reorder Letter included in the original garment.

The pharmacist will need the measurement / order form to place the order with the manufacturer and this is attached (please note this is not required for repeat orders when quoting the schema number). The measurement form should be given to the patient, with the prescription, to take to the pharmacist / post to the postal prescription service provider. Please scan this document into the patient's records as this is patient specific.

Repeat prescription required every _____ **months.**

Thank you for your assistance.

_____ Healthcare Professional

_____ Contact telephone number, in case of query

Any queries, please call the manufacturer:

Essity

Customer Services: 031 710 8111 or email: medical.za@jobst.co.za