

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

Custom-Fit Order Form
 Customer services on: **031 710 8111**
 Email order to customer services on: medical.za@essity.com



<input type="checkbox"/> JOBST® Elvarex®			
Compression Class (RAL)	Quantity		
	Left	Right	Body Bandage
CCL 1 (18-21mmHg)			
CCL 2 (23-32mmHg)			
CCL 3 (34-46mmHg)			
CCL 3F (34-46mmHg)			
CCL 4 (49-70mmHg)			
CCL 4S (60-90mmHg)			
Style		Options	
<input type="checkbox"/> AD Knee high <input type="checkbox"/> BD Knee high footless <input type="checkbox"/> AF Mid thigh* <input type="checkbox"/> AG Thigh high <input type="checkbox"/> BG Thigh high footless <input type="checkbox"/> AGTL Chap style left <input type="checkbox"/> AGTR Chap style right <input type="checkbox"/> AG-T Chap style pair <input type="checkbox"/> AT Tights <input type="checkbox"/> AT Tights 1 leg <input type="checkbox"/> Bermuda <input type="checkbox"/> B1 / C-G Capri leg* <input type="checkbox"/> B1 / C-T Capri tights (CCL1-3 only)		<input type="checkbox"/> Leg extension <input type="checkbox"/> Adjustable waistband <input type="checkbox"/> Fly for men <input type="checkbox"/> Crotch for men <input type="checkbox"/> Open pubis <input type="checkbox"/> Re-inforced gusset <input type="checkbox"/> Slipform <input type="checkbox"/> Zipper with lining† <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Front <input type="checkbox"/> Silk pocket† <input type="checkbox"/> T-Heel (CCL 2-3F only) <input type="checkbox"/> Ankle pad (profile) <input type="checkbox"/> Top functional zone* <input type="checkbox"/> Knee functional zone (CCL 2-4S only)	
Colour		Capri tights options:	
<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		<input type="checkbox"/> Slipform <input type="checkbox"/> Adjustable waistband	
Coloured Seam		Silicone bands	
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		<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	
Top band options		SoftFit (2.5cm only)	
		<input type="checkbox"/> (AD Knee high, CCL 1-3 only)	

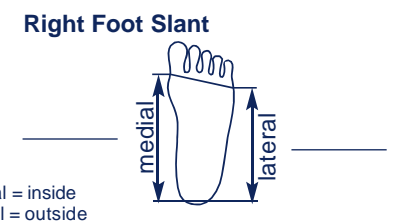
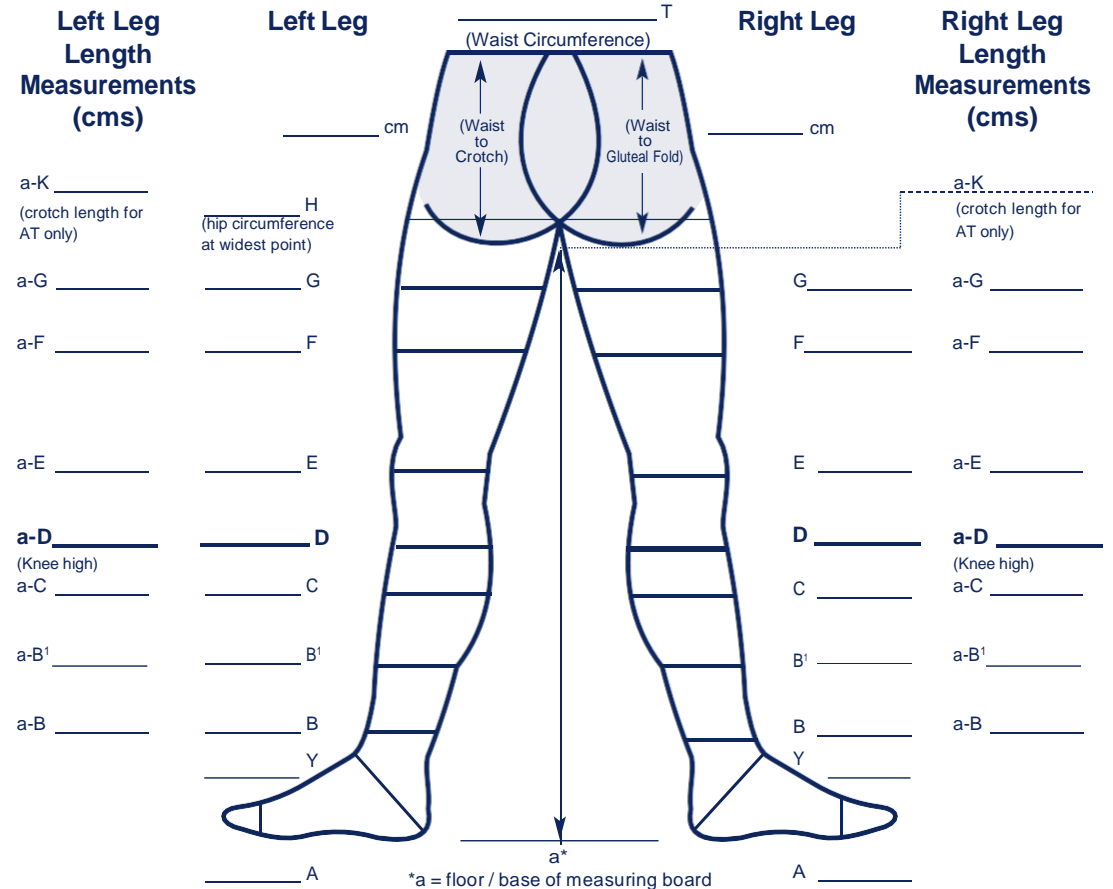
Foot Length - Left
 For open toe _____ cm
 For closed toe _____ cm (longest toe)

Foot Length - Right
 For open toe _____ cm
 For closed toe _____ cm (longest toe)

Remarks

†State position / length
 *not available on FP10 / GP10

Circumference Measurements (cms)



Customer Service: **031 710 8111** Email: medical.za@essity.com Website: www.jobst.co.za

JOBST® Elvarex® Soft

Custom-Fit Order Form

Customer services on: **031 710 8111**

Email order to customer services on: medical.za@essity.com

Date: _____ Purchase Order No.: _____ Patient Name: _____ DoB: _____

Measured By: _____ Tel: _____ Email: _____

Delivery Address: _____ Invoice Address: _____



<input type="checkbox"/> JOBST® Elvarex® Soft			
Compression Class (RAL)		Quantity	
<input type="checkbox"/> CCL 1 (18-21mmHg)		Left	<input type="text"/>
<input type="checkbox"/> CCL 2 (23-32mmHg)		Right	<input type="text"/>
<input type="checkbox"/> CCL 3 (34-46mmHg)		AT Tights / Bermuda	<input type="text"/>
Style*		Options	
<input type="checkbox"/> AD Knee high	<input type="checkbox"/> Silk pocket†	<input type="checkbox"/> T-Heel	
<input type="checkbox"/> AG Thigh high	<input type="checkbox"/> Silk pocket†	<input type="checkbox"/> T-Heel	<input checked="" type="checkbox"/> Slipform
<input type="checkbox"/> AGTL Chap style left	<input type="checkbox"/> Silk pocket†	<input type="checkbox"/> T-Heel	
<input type="checkbox"/> AGTR Chap style right	<input type="checkbox"/> Silk pocket†	<input type="checkbox"/> T-Heel	
<input type="checkbox"/> AG-T Chap style pair	<input type="checkbox"/> Silk pocket†	<input type="checkbox"/> T-Heel	
<input type="checkbox"/> B1/C-T Capri tights	<input type="checkbox"/> Silk pocket†	<input checked="" type="checkbox"/> Slipform	<input type="checkbox"/> Adjustable waistband
<input type="checkbox"/> AT Tights	<input type="checkbox"/> Silk pocket†	<input type="checkbox"/> T-Heel	<input checked="" type="checkbox"/> Slipform <input type="checkbox"/> Adjustable waistband <input type="checkbox"/> Open pubis
<input type="checkbox"/> BT Footless tights	<input type="checkbox"/> Silk pocket†	<input checked="" type="checkbox"/> Slipform	<input type="checkbox"/> Adjustable waistband <input type="checkbox"/> Open pubis
<input type="checkbox"/> Bermuda	<input checked="" type="checkbox"/> Slipform	<input type="checkbox"/> Adjustable waistband	<input type="checkbox"/> Open pubis
Colour		Silicone bands	
<input type="checkbox"/> Beige	<input type="checkbox"/> Black	<input type="checkbox"/> 2.5cm (A-D only)	
<input type="checkbox"/> Dark blue	<input type="checkbox"/> Dark brown	<input type="checkbox"/> 5cm	
<input type="checkbox"/> Grey	<input type="checkbox"/> Cranberry	SoftFit (2.5cm only)	
<input type="checkbox"/> Ruby red	<input type="checkbox"/> Pine Green	<input type="checkbox"/> (AD Knee high only)	
<input type="checkbox"/> Sunflower Yellow			
Remarks			

*Leg lengths / CCL's must be the same for tights / Bermuda / Capri

†State position / length

Foot Length - Left

For open toe _____ cm

For closed toe _____ cm
(longest toe)

Foot Length - Right

For open toe _____ cm

For closed toe _____ cm
(longest toe)

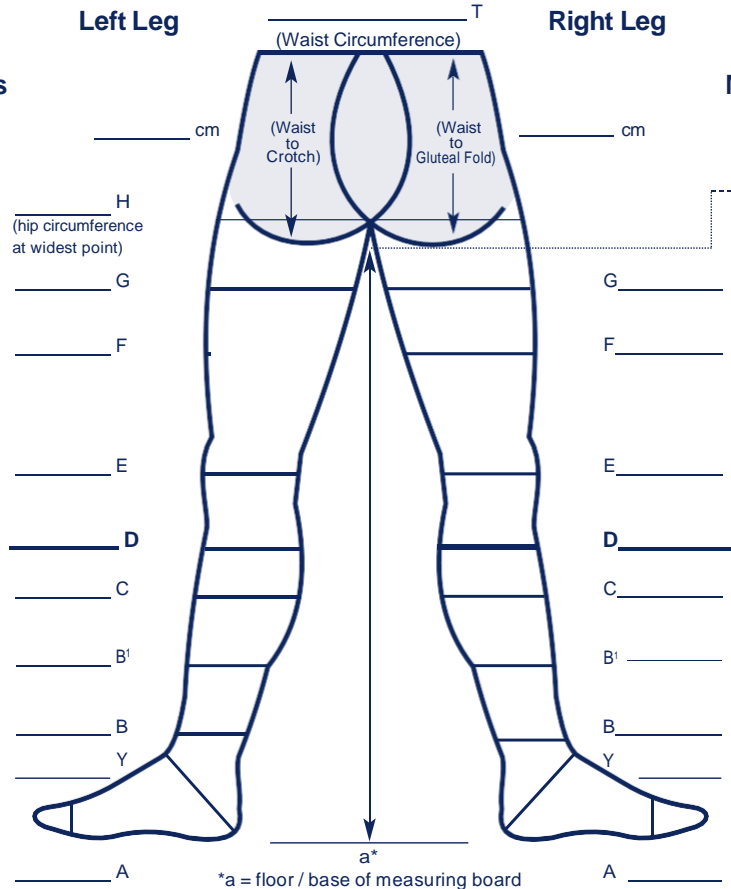
Circumference Measurements (cms)

Left Leg Length Measurements (cms)

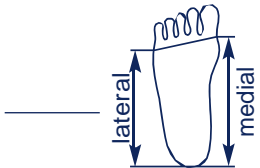
- a-K _____
(crotch length for AT only)
- a-G _____
- a-F _____
- a-E _____
- a-D _____
(Knee high)
- a-C _____
- a-B' _____
- a-B _____

Right Leg Length Measurements (cms)

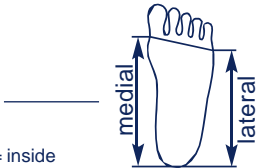
- a-K _____
(crotch length for AT only)
- a-G _____
- a-F _____
- a-E _____
- a-D _____
(Knee high)
- a-C _____
- a-B' _____
- a-B _____



Left Foot Slant



Right Foot Slant



Note: medial = inside
lateral = outside

Customer Service: **031 710 8111** Email: medical.za@essity.com Website: www.jobst.co.za

By completing this order form, you are confirming that you are aware of your obligation to obtain consent from the patient on the processing of their data for the production of their JOBST® compression garment in accordance with the General Data Protection Regulation. For more information and our Privacy Policy, visit www.jobst.co.za