

Custom-fit order form

Customer services on: 031 710 8111  
Email order to customer services on: [medical.za@essity.com](mailto:medical.za@essity.com)

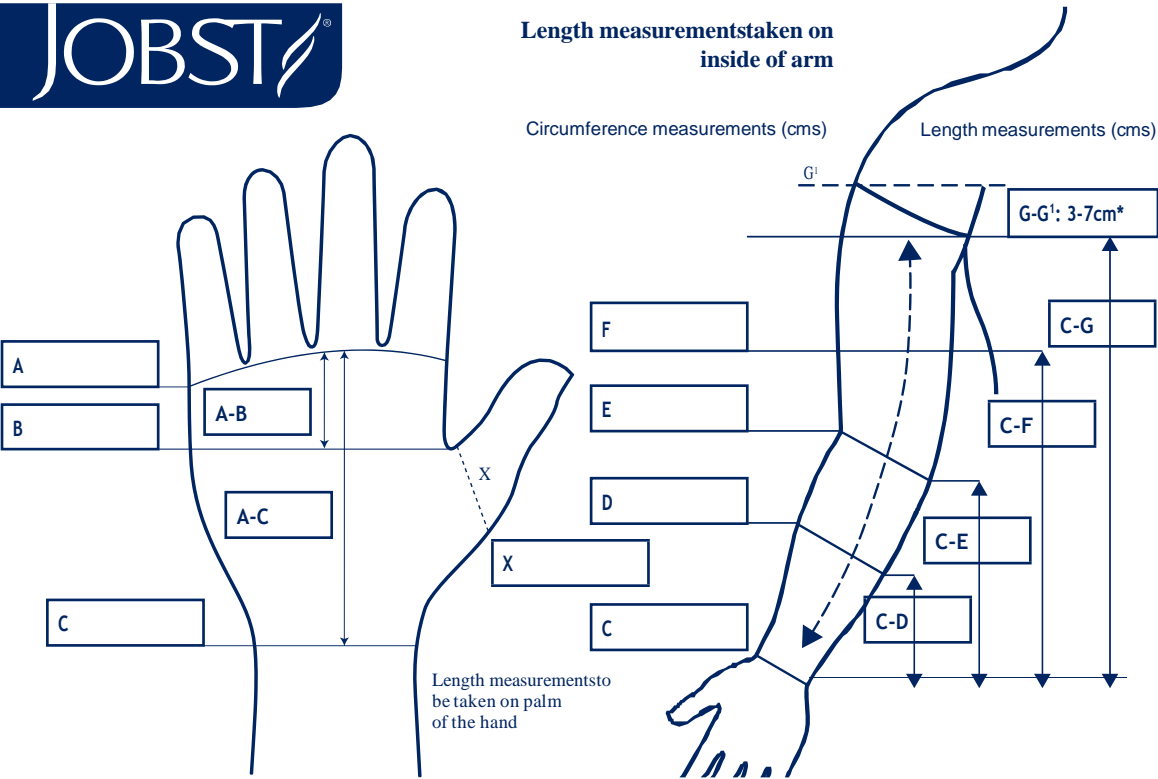
Date: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Measured By: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Invoice Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



☐ Upper Extremities

Compression Class:  
CCL 1 (15-20mmHg)  
Colour: ☐ Beige ☐ Rose  
Quantity Required:   
Repeat prescription required every  months

Left

Right

Style:  
☐ CG1 Armsleeve (wrist to axilla)  
☐ AG1 Armsleeve with gauntlet  
Options:  
☐ Zipper  
☒ Bias top

\*Note: garment will be manufactured using 4cm measurement for standard bias finish unless alternative measurement stated.

☐ Lower Extremities

Compression Class:  
CCL 1 (15-20mmHg)  
CCL 2 (20-30mmHg)  
Colour: ☐ Beige ☐ Rose  
Quantity Required:   
Repeat prescription required every  months

Left

Right

Style:  
☐ AD Knee high  
☐ AG Thigh high  
Options:  
☐ Zipper Open  
☒ toe  
☒ Straight foot

Customer Service: 031 710 8111 Email: [medical.za@essity.com](mailto:medical.za@essity.com) Website: [www.jobst.co.za](http://www.jobst.co.za)

By completing this order form, you are confirming that you are aware of your obligation to obtain informed written 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](http://www.jobst.co.za)

**essity**  
JOBST®, an Essity brand

**SDMA**  
Surgical Dressings Manufacturers Association

**OHS ISO 9001**  
REGISTERED

4107/1118

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Pinetown, 3600

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