

Patient Name / ID Code or File # _____ DOB _____ Date _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____

Doctor/Address _____

City/State/Zip _____

PO#	
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 Anthracite Heather
 Black Jeans Heather Red Heather

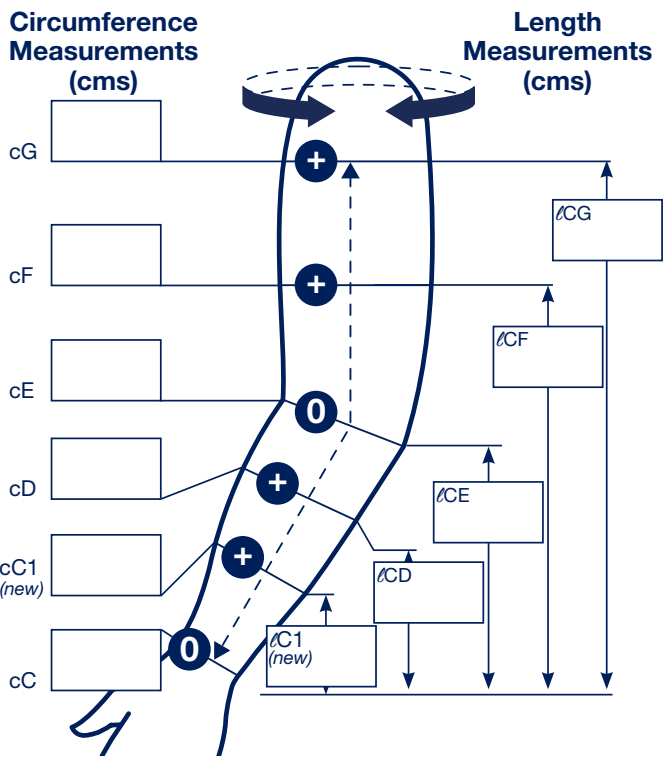
Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32 mmHg*)
Left		
Right		

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
 2.5 Top
 2.5 Inside 1/2



Measuring Guidelines

(Only applicable for Confidence)
See Arm Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- cG = 0 no tension with silicone band
- cG = + light tension without band
- ∠C1 = 5 to 7cm above cC
- (∠CG must be taken with the arm bent)

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

