

# Prescription Order Form



All orders must be faxed or mailed.  
 No phone orders accepted.  
 Fax: 1-800-835-4325  
 For questions: 1-800-537-1063

**Prescription Order must accompany all Jobst Custom Seamed, Seamless Soft, Bellavar and Elvarex orders.\***

\*For ordering Custom Seamed and Elvarex a certification and fitter number is requested. Please contact JOBST at 1-800-537-1063 to learn more about our Custom and Elvarex certification trainings.

**1 DATE** \_\_\_\_\_

- Original Order
- Reorder with Changes
- Exact Reorder
- Seamed
- Bellavar
- Seamless Soft
- Elvarex

**2 GENDER**

- Male
- Female

**6 Prescribing Physician** \_\_\_\_\_

Specialty \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**3 DIAGNOSIS** Check Appropriate Box(es)

- Edema
- Lymphedema
- Orthostatic Hypotension
- Thrombotic Syndrome
- Stasis Ulcer
- Varicose Veins
- Venous Insufficiency
- Other
- Arterial Insufficiency
- Sclerotherapy/ Vein Ligation

**4 Order Confirmation** (FAX number or email address)

FAX # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**5 BSN-JOBST, Inc, File #** \_\_\_\_\_

**Patient Name/ID Code or File #** \_\_\_\_\_  
Last Name First

Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

Permanent  Yes  No Date of Birth (mth/yr) \_\_\_\_\_

Phone \_\_\_\_\_

**BSN-JOBST, Inc.**

5825 Carnegie Blvd., Charlotte, NC 28209-4633  
 PO Box 471048, Charlotte, NC 28247-1048 U.S.A.  
 Tel. 704-554-9933  
 FAX 1-800-835-4325  
 FAX for international use: 704-551-7173

For BSN-JOBST Internal Use Only

Authorization # \_\_\_\_\_

Prescriber # \_\_\_\_\_

Bill To # \_\_\_\_\_

Ship To # \_\_\_\_\_

Diagnosis # \_\_\_\_\_

**7 Measured By** \_\_\_\_\_

Custom Fitter # \_\_\_\_\_ Phone \_\_\_\_\_  
 Facility \_\_\_\_\_

**8 BSN-JOBST, Inc. Account #** \_\_\_\_\_

**Ship To** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Attention \_\_\_\_\_

**9 BSN-JOBST, Inc. Account #** \_\_\_\_\_ P.O # \_\_\_\_\_

**Bill To** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Attention \_\_\_\_\_

**If paying by credit card**  AMEX  Mastercard  Visa

Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

*(Billing to facility only – no individual patient credit cards)*

# Jobst Custom Seamless Soft and Custom Bellavar® Order Form

Date: \_\_\_\_\_

Patient's Name \_\_\_\_\_

Form 57021 must accompany this page.  
All measurements must be recorded in centimeters.

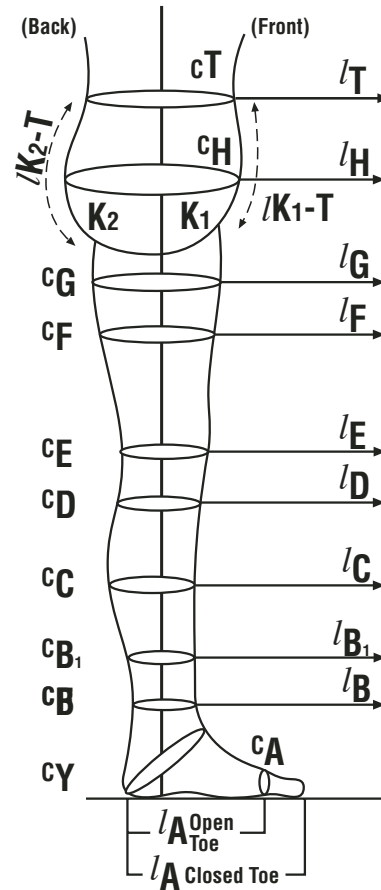
or File No.: \_\_\_\_\_



QUANTITY	Left	Right	Pair	Panty
Seamless Soft 15-20 mmHg*(CCL 1)				
Seamless Soft 20-30 mmHg*(CCL 2)				
Seamless Soft 30-40 mmHg*(CCL 3)				
Bellavar® 20-30 mmHg*(CCL 2)				
Bellavar® 30-40 mmHg*(CCL 3)				

STYLES	
<b>AD</b>	<input type="checkbox"/> Knee High
<b>AG</b>	<input type="checkbox"/> Thigh High
<b>AGT</b>	<input type="checkbox"/> Chaps
<b>AT</b>	<input type="checkbox"/> Pantyhose
<b>AT-1Leg</b>	<input type="checkbox"/> One-Leg Pantyhose
OPTIONS	
<input type="checkbox"/>	Closed toe
<input type="checkbox"/>	Open toe
PANTY STYLES	
<input type="checkbox"/>	Regular
<input type="checkbox"/>	Maternity
<input type="checkbox"/>	Full Compression
<input type="checkbox"/>	Fly for Men
<input type="checkbox"/>	Open Pubis

BAND OPTIONS (Knee High)	
<input type="checkbox"/>	2.5 cm Dotted Silicone
<input type="checkbox"/>	5 cm Dotted Silicone
BAND OPTIONS (Thigh High)	
<input type="checkbox"/>	No Silicone (knit-welt)
<input type="checkbox"/>	5 cm Plain Dotted Silicone Band
<input type="checkbox"/>	6 cm Lace Silicone Band
<input type="checkbox"/>	6 cm Soft Silicone Band**
BAND OPTIONS (Waist High)	
<input type="checkbox"/>	Regular adjustable Waistband
<input type="checkbox"/>	2.5 cm Waistband**
<input type="checkbox"/>	5 cm Waistband**
Seamless Soft COLOR OPTIONS	
<input type="checkbox"/>	Sand
<input type="checkbox"/>	Navy**
<input type="checkbox"/>	Sun Bronze
<input type="checkbox"/>	Gray**
<input type="checkbox"/>	Taupe**
<input type="checkbox"/>	Black



CIRCUM. (c)	LENGTH (l)	LENGTH (l)
cT	K2-T	/T
cH	K1-T	/H
CIRCUMFERENCE (c)		LENGTH (l)
	Left	Right
cG		/G
cF		/F
cE		/E
cD		/D
cC		/C
cB1		/B1
cB		/B
cY		/A (Open Toe)
cA		/A (Closed Toe)

\* Design Pressure

\*\* not available for Bellavar

JOBST ARTICLE NO. \_\_\_\_\_  
 SPECIALTY SPEC. NO. \_\_\_\_\_  
 U.S. WORK ORDER NO. \_\_\_\_\_

Comments: \_\_\_\_\_