

# 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)*

# Upper Extremity Order Form



**Elvarex**<sup>®</sup>

Lymphedema Garments

Date: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Patient's Name/ID Code or File #: \_\_\_\_\_  
 Address (Optional): \_\_\_\_\_  
 City/State/Zip (Optional): \_\_\_\_\_  
 Telephone (Optional): \_\_\_\_\_  
 Date of Birth (mth/yr): \_\_\_\_\_

**Form 57021 must accompany this page**

**IMPORTANT** - All measurements must be recorded in centimeters. Compression classes must be circled. Style must be selected. Please write clearly.

**Product #** \_\_\_\_\_

- C-G<sup>1</sup>** Sleeve, wrist to axilla
- C-H** Sleeve with shoulder cap & strap
- C-H** Sleeve with shoulder cap & bra loop, with Velcro<sup>®</sup> (Please indicate bra width)
- A-G<sup>1</sup>** Sleeve with hand attachment
- A-H** Sleeve with shoulder cap, strap & hand attachment
- A-H** Sleeve with shoulder cap, bra loop, with Velcro<sup>®</sup> & hand attachment (Please indicate bra width)

Class	Qty. L	Qty. R	Color
Elvarex 1 (14-18 mmHg*)			Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Black** <input type="checkbox"/>
Elvarex 2 (20-25 mmHg*)			**Black is available for Class 1 and 2 only.
Elvarex 3 (25-30 mmHg*)			

- Silicone Band
  - 3 cm  5 cm
  - top  inside
  - 3/4 Band (on 3 cm inside only)
- Zipper Location:  from C to E or  from E to G

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

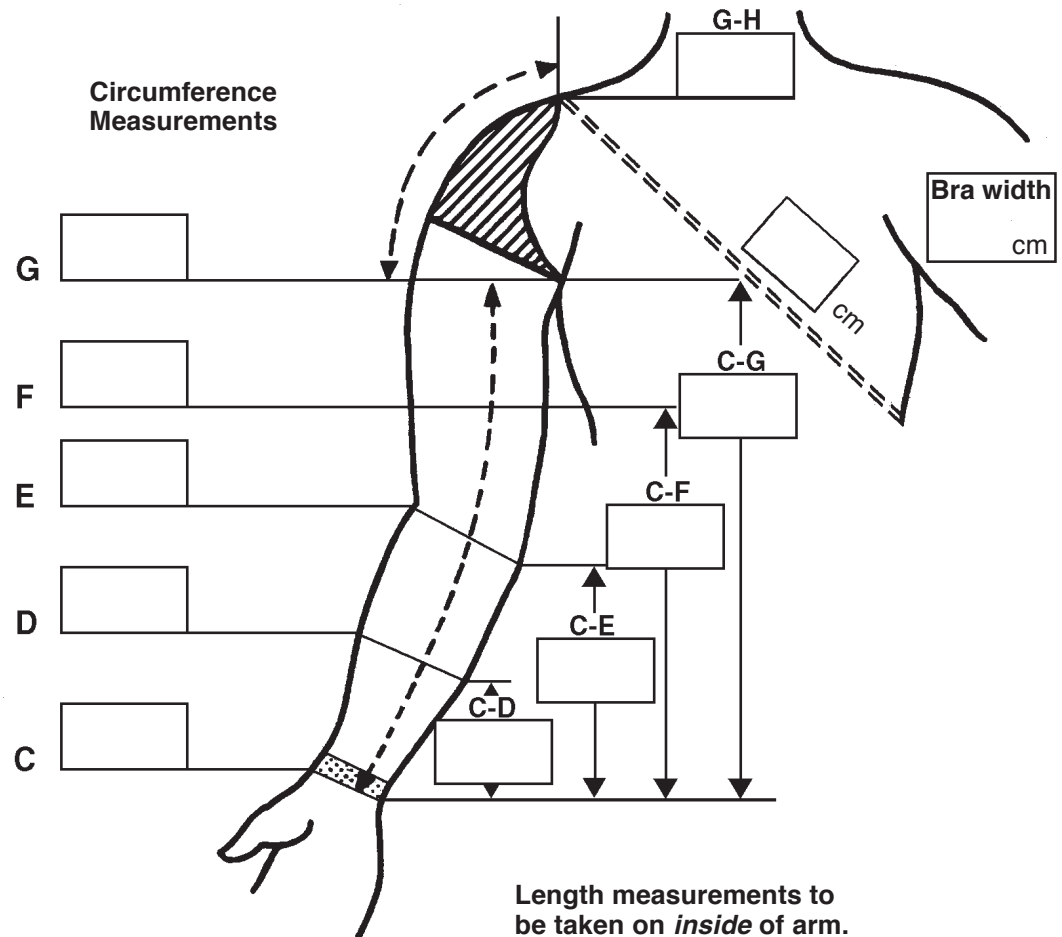
Caution: This product contains natural rubber latex which may cause allergic reactions

\*Design Pressure

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 50449 R7

## Length Measurements





# Lower Extremity Order Form



Date: \_\_\_\_\_ Patient's Name/ID Code or File #: \_\_\_\_\_  
 Clinic: \_\_\_\_\_ Address (Optional): \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip (Optional): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone (Optional): \_\_\_\_\_  
 Form 57021 must accompany this page Date of Birth (mth/yr): \_\_\_\_\_

**IMPORTANT** - All measurements must be recorded in centimeters. Compression classes must be circled. Style must be selected. Please write clearly.

**Product #** \_\_\_\_\_

Circum. (c)		Length (l)		Length (l)	
cT		K2-T		lT	
cH		K1-T		lH	
Circumference (c)		Length (l)			
		Left		Right	
cG		lG			
cF		lF			
cE		lE			
cD		lD			
cC		lC			
cB1		lB1			
cB		lB			
cY		lA (medial)			
cA		lA (lateral)			

Class	Qty. L	Qty. R	Qty. Panty	Color
Elvarex 1 (18-21 mmHg*)				<b>BEIGE</b> <input type="checkbox"/>
Elvarex 2 (25-32 mmHg*)				<b>BLACK</b> <input type="checkbox"/>
Elvarex 3 (36-46 mmHg*)				Black available for Class 1, 2, 3 only
Elvarex-forte 3F (36-46 mmHg*)				
Elvarex 4 (59-70 mmHg*)				
Elvarex-super 4S (70-90 mmHg*)				

Styles	Special Styles
<b>AD</b> Knee High	<input type="checkbox"/> Straight open toe _____ cm
<b>AF</b> Mid High	<input type="checkbox"/> Straight closed toe _____ cm
<b>AG</b> Thigh High	<input type="checkbox"/> Slant closed toe _____ cm
<b>AGTL</b> Chap Left	<input type="checkbox"/> Fly for men <input type="checkbox"/> Open pubis
<b>AGTR</b> Chap Right	<input type="checkbox"/> Adjustable waist band
<b>AGT</b> Chaps Pair	<input type="checkbox"/> Silicone Band <input type="checkbox"/> 3 cm <input type="checkbox"/> 5 cm
<b>AT</b> Pantyhose	<input type="checkbox"/> top <input type="checkbox"/> inside
<b>AT</b> Pantyhose, 1 1/2 leg	<input type="checkbox"/> Zippers** <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Other
<b>GT</b> Biker Shorts	(inside) (outside)
<b>FG</b> Leg Extension	

\*Design Pressure  
 \*\*Zippers can be placed from Y to D or from E to G

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Caution: This product contains natural rubber latex which may cause allergic reactions

# Foot Cap Order Form



**Elvarex**<sup>®</sup>

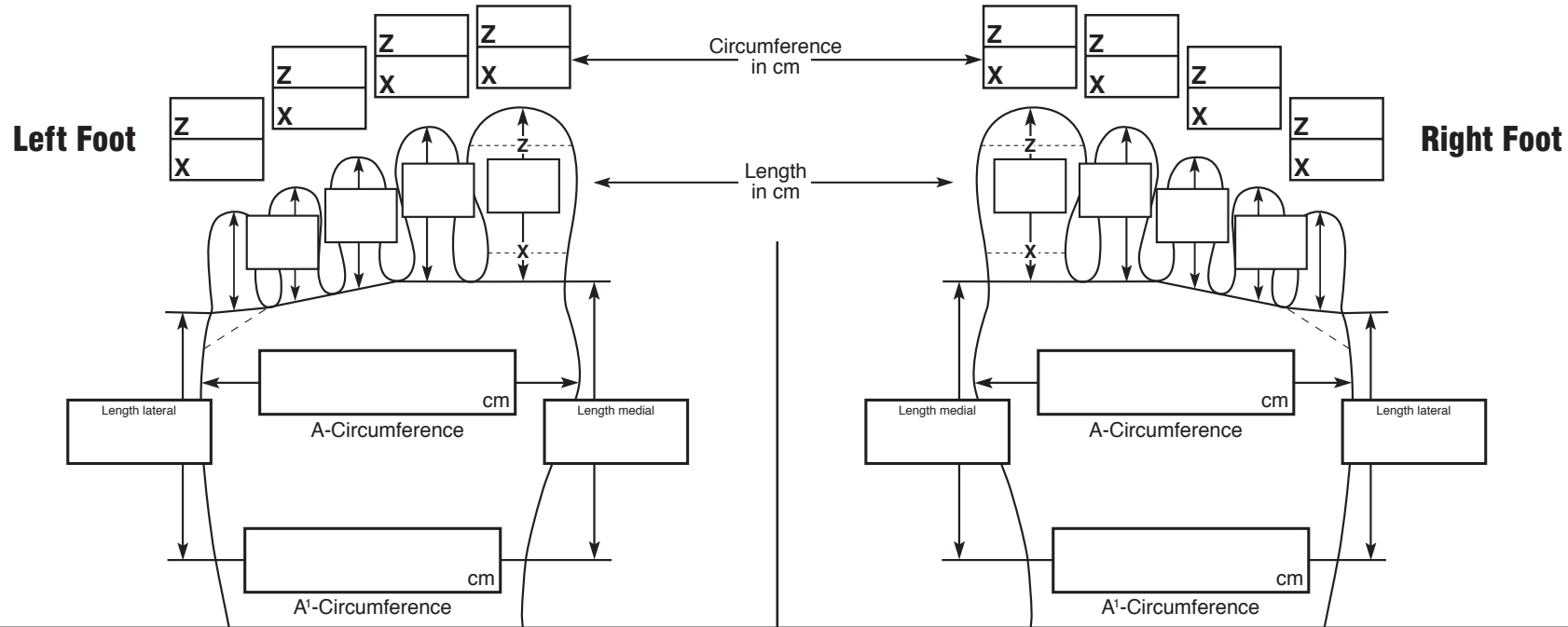
Lymphedema Garments

Date: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Patient's Name/ID Code or File #: \_\_\_\_\_  
 Address (Optional): \_\_\_\_\_  
 City/State/Zip (Optional): \_\_\_\_\_  
 Telephone (Optional): \_\_\_\_\_  
 Date of Birth (mth/yr): \_\_\_\_\_

**Form 57021 must accompany this page**

**IMPORTANT** - All measurements must be recorded in centimeters. Compression classes must be circled. Please write clearly.



**Product #** \_\_\_\_\_

- Quantity left
- Elvarex 1 (18-21 mmHg\*)
- Elvarex 2 (25-32 mmHg\*)
- Elvarex 3 (36-46 mmHg\*)
- Small toe covered
- Z - Circumference  cm
- X - Circumference  cm
- Length  cm

**Color:**  Beige  Black  
 (Black available for Class 1 and 2 only)

**Product #** \_\_\_\_\_

- Quantity right
- Elvarex 1 (18-21 mmHg\*)
- Elvarex 2 (25-32 mmHg\*)
- Elvarex 3 (36-46 mmHg\*)
- Small toe covered
- Z - Circumference  cm
- X - Circumference  cm
- Length  cm

**Color:**  Beige  Black  
 (Black available for Class 1 and 2 only)

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

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\*Design Pressure

# Glove/Gauntlet Order Form



**Elvarex**<sup>®</sup>

Lymphedema Garments

Date: \_\_\_\_\_ Patient's Name/ID Code or File #: \_\_\_\_\_  
 Clinic: \_\_\_\_\_ Address (Optional): \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip (Optional): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone (Optional): \_\_\_\_\_  
 Date of Birth (mth/yr): \_\_\_\_\_

**Form 57021 must accompany this page**

**IMPORTANT** - All measurements must be recorded in centimeters. Compression classes must be circled. Style must be selected. Please write clearly.

**Product #** \_\_\_\_\_

		Color
<input type="checkbox"/>	Gauntlet with short thumb	Beige <input type="checkbox"/>
<input type="checkbox"/>	Glove	Caramel <input type="checkbox"/>
		Black** <input type="checkbox"/>

Class	Qty. L	Qty. R
Elvarex 1 (14-18 mmHg*)		
Elvarex 2 (20-25 mmHg*)		
Elvarex 3 (25-30 mmHg*)		

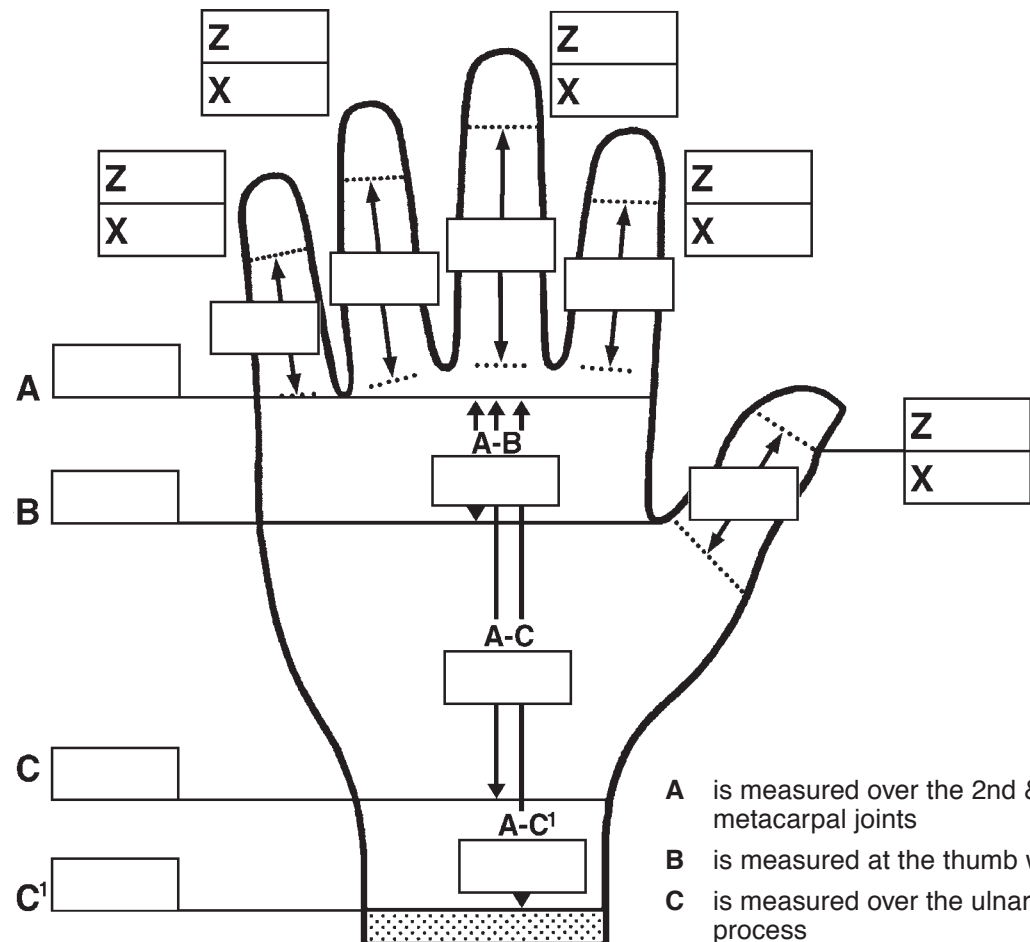
Glove/Gauntlet is to be worn with sleeve  
 Zipper Location: \_\_\_\_\_

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

Caution: This product contains natural rubber latex which may cause allergic reactions

\*Design Pressure  
 \*\* Black available for Class 1 and 2 only

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 50448 R6



- A** is measured over the 2nd & 5th metacarpal joints
- B** is measured at the thumb web
- C** is measured over the ulnar process
- C'** is measured at the proximal side of the ulnar process

**Measure circumference with hand placed palm down**  
**Measure length at palm side or from drawing**  
**Be sure to mark finger lengths between arrows**