

# JOBST® Elvarex®

Custom-Fit Order Form

Fax order to customer services on: **0845 122 3450**

Email order to customer services on: **compression.uk@jobst.com**

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

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

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



<input type="checkbox"/> <b>JOBST® Elvarex®</b>			
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)			
<b>Style</b>		<b>Options</b>	
<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)	
<b>Colour</b>		<b>Capri tights options:</b>	
<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	
<b>Coloured Seam</b>		<b>Silicone bands</b>	
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	
<b>Top band options</b>		<b>SoftFit (2.5cm only)</b>	
		<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

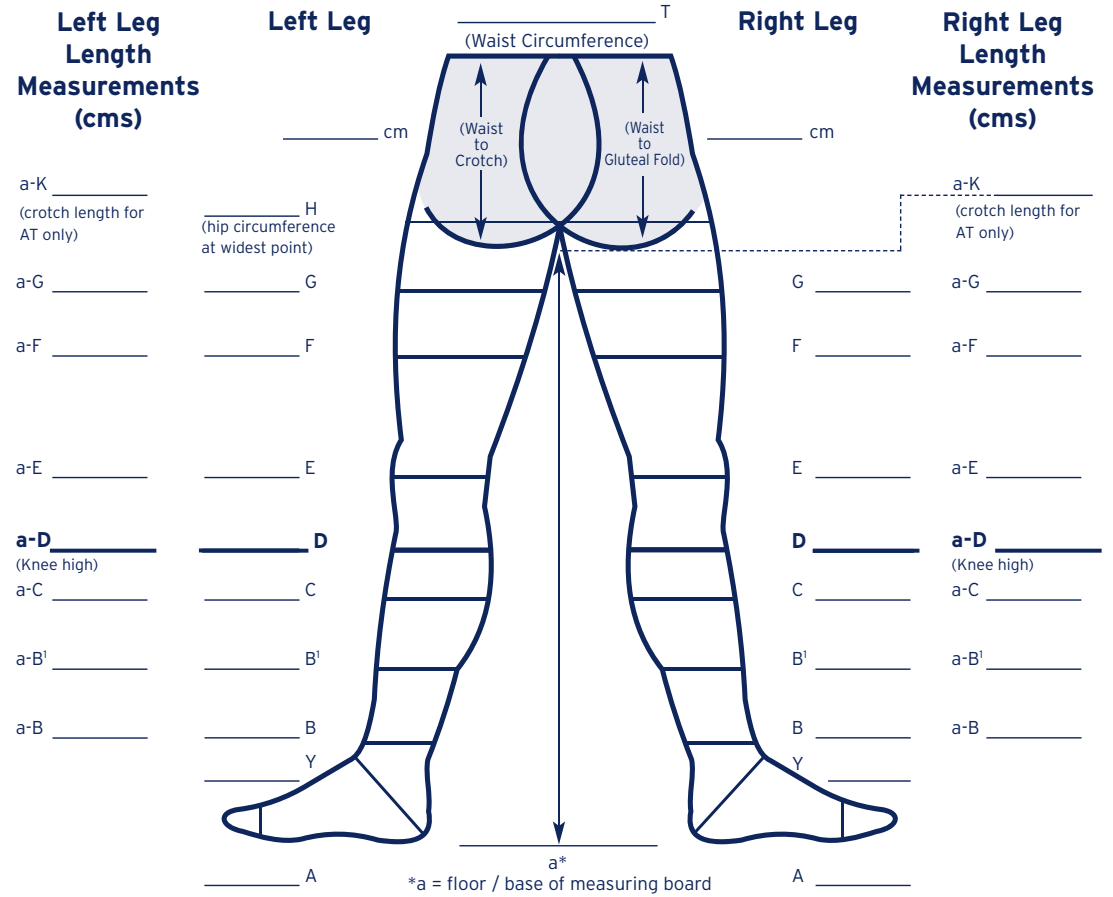
For closed toe \_\_\_\_\_ cm (longest toe)

**Remarks**

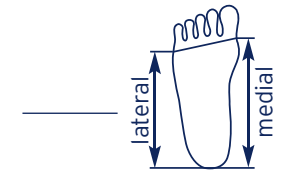
  
  
  

\*State position / length  
\*not available on FP10 / GP10

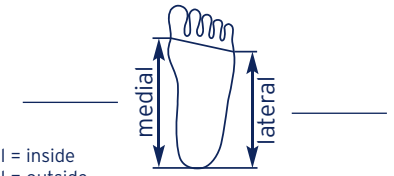
**Circumference Measurements (cms)**



**Left Foot Slant**



**Right Foot Slant**



Note: medial = inside  
lateral = outside

Customer Service: **0845 122 3600** Compression Therapy Helpline: **0800 389 8424** Email: **compression.uk@jobst.com** Website: **www.bsnmedical.co.uk**

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.bsnmedical.co.uk**

# JOBST® Elvarex® Soft

Custom-Fit Order Form

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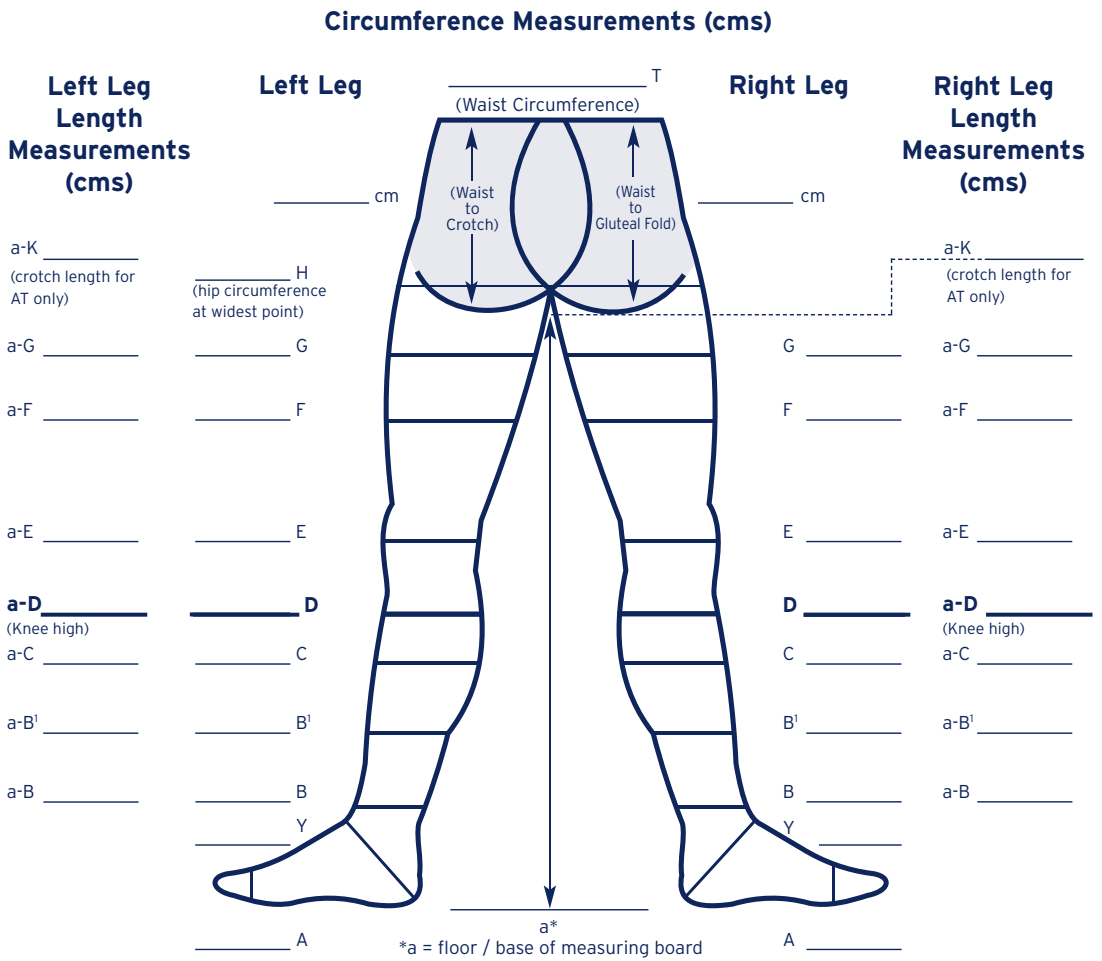
Date: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DoB: \_\_\_\_\_

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

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



<input type="checkbox"/> <b>JOBST® Elvarex® Soft</b>		
<b>Compression Class (RAL)</b>	<b>Quantity</b>	
<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"/>	
<b>Style*</b>	<b>Options</b>	
<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 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
<b>Colour</b>	<b>Silicone bands</b>	
<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	<b>SoftFit (2.5cm only)</b>	
<input type="checkbox"/> Ruby red <input type="checkbox"/> Pine Green	<input type="checkbox"/> (AD Knee high only)	
<input type="checkbox"/> Sunflower Yellow		
<b>Remarks</b>		
*Leg lengths / CCL's must be the same for tights / Bermuda / Capri <span style="float:right">†State position / length</span>		



**Foot Length - Left**

For open toe \_\_\_\_\_ cm

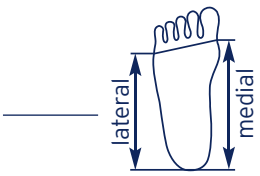
For closed toe \_\_\_\_\_ cm  
(longest toe)

**Foot Length - Right**

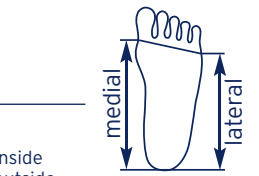
For open toe \_\_\_\_\_ cm

For closed toe \_\_\_\_\_ cm  
(longest toe)

**Left Foot Slant**



**Right Foot Slant**



Note: medial = inside  
lateral = outside