

JOBST® Confidence

Lower Limb 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: _____



JOBST® Confidence	
Compression Class (RAL) <input type="checkbox"/> CCL 1 (18-21mmHg) <input type="checkbox"/> CCL 2 (23-32mmHg) <input type="checkbox"/> CCL 3 (34-46mmHg)	Quantity Left <input type="text"/> Right <input type="text"/> Pair <input type="text"/>
Style <input type="checkbox"/> AD Knee high <input type="checkbox"/> AG Thigh high <input type="checkbox"/> AT Tights <input type="checkbox"/> BT Footless tights <input type="checkbox"/> BIT Capri <input type="checkbox"/> AGHT One leg tights <input type="checkbox"/> CT Capri <input type="checkbox"/> ET Bermuda <input type="checkbox"/> ABI Sock	
Options <input type="checkbox"/> Slipform (knee) <input checked="" type="checkbox"/> Slipform (thigh) <input type="checkbox"/> Ankle functional zone <input type="checkbox"/> Knee functional zone <input type="checkbox"/> Hallux Valgus* <input type="checkbox"/> Deco line <input type="checkbox"/> Initials <input type="text"/>	
Top band <input type="checkbox"/> SoftFit (AD only) <input checked="" type="checkbox"/> Silicone (AG only)	
Body Bandage Knitting (must select one option for AT, B1/CT, BT, AGHT and ET) <input type="checkbox"/> Male open fly with plain waistband <input type="checkbox"/> Male closed fly with plain waistband <input type="checkbox"/> Female plain waistband <input type="checkbox"/> Female floral waistband <p style="text-align: right; font-size: small;">*Only available with a Slant Foot</p>	
Colour <input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Red heather <input type="checkbox"/> Anthracite heather <input type="checkbox"/> Jeans heather <p style="font-size: x-small;">Note: the functional zones for red, anthracite and jeans heather coloured garments is more visible</p>	

Description of how much tape tension to apply

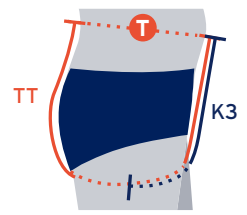
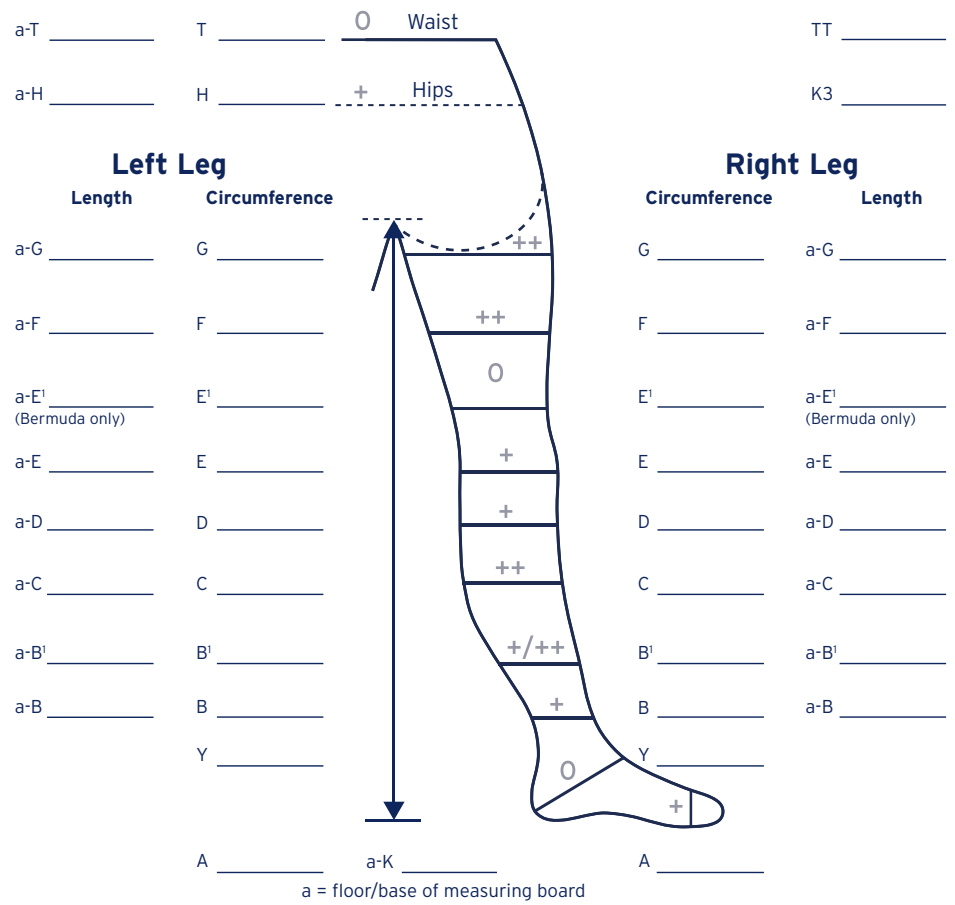
Tension	Description
0	Skin tension
+	Light tension
++	Firm tension
+++	Max tension

Top Tip
 Lengths (including foot) need to be the same for AT, B1/CT, BT, AGHT and ET.

Top Tip
 a-K length required for all variants except ABI and AD.

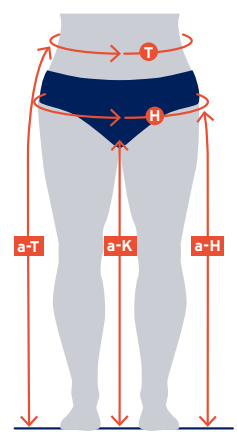
Remarks

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)
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Length TT
 Measure from the waist (T), via the crotch to the back of where the garment will end. Do not apply tension. Maximum length 120cm.

Length K3
 Measure from the waist (T), starting at the front to the middle of the crotch without tension. Maximum length 50cm, but not more than half the length of TT.



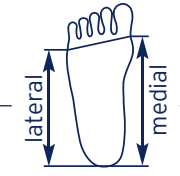
Length a-K
 Must be 4cm greater than length a-G

Length a-H
 Must be 3cm greater than length a-K

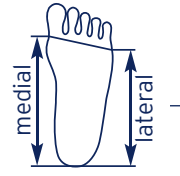
Length a-T
 Must be 7cm greater than length a-H

Top Tip
 Measurements a-T and a-H are straight to the G and then follow the contour.

Left Foot Slant



Right Foot Slant



Note: medial = inside
 lateral = outside

Customer Service: **0845 122 3600** Email: **compression.uk@jobst.com** Website: **www.jobst.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.jobst.co.uk**

JOBST® Confidence Ordering Information

	Sock	Knee High	Thigh High	Tights	One Leg Tights	Footless Tights	Capri	Bermuda
CCL1 (18-21mmHg)	L1-16-12	L1-16-04	L1-16-06	L1-16-30	L1-16-32	L1-16-34	L1-16-28	L1-16-26
CCL2 (23-32mmHg)	L2-17-12	L2-17-04	L2-17-06	L2-17-30	L2-17-32	L2-17-34	L2-17-28	L2-17-26
CCL3 (34-46mmHg)	L3-18-12	L3-18-04	L3-18-06	L3-18-30	L3-18-32	L3-18-34	L3-18-28	L3-18-26
Closed Toe	L-A001C	L-A001C	L-A001C	L-A001C†	L-A001C			
Ankle Functional Zone	L-A010C	L-A010C	L-A010C	L-A010C†	L-A010C			
Slipform		L-A011C	L-A011C°					
SoftFit		L-A016C						
Silicone Band			L-A004C°					
Knee Functional Zone			L-A015C	L-A015C†	L-A015C	L-A015C†	L-A015C†	
Fly for Men (open)				L-A012C	L-A012C	L-A012C	L-A012C	L-A012C
Floral Waistsband				L-A017C	L-A017C	L-A017C	L-A017C	L-A017C
Plain Waistsband				L-A018C	L-A018C	L-A018C	L-A018C	L-A018C
Hallux Valgus (Bunion Relief Zone)	*	*	*	*	*			
Deco Line		*	*	*	*	*	*	*
Initials		*	*	*	*	*	*	*

* No charge option (no code required)
 † Code required twice for a complete garment
 ° Mandatory for thigh high