

JOBST **Glove/Gauntlet Order Form**
Elvarex® Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

2284 NW 82nd Ave., Miami, FL 33122

(305) 477-0062—Phone (305) 592-0061—FAX

Patient Name / BSN 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 # _____ Last 4 digits of credit card on file OR Exp. _____

Email _____ New card - call to provide credit card # Billing Zip _____

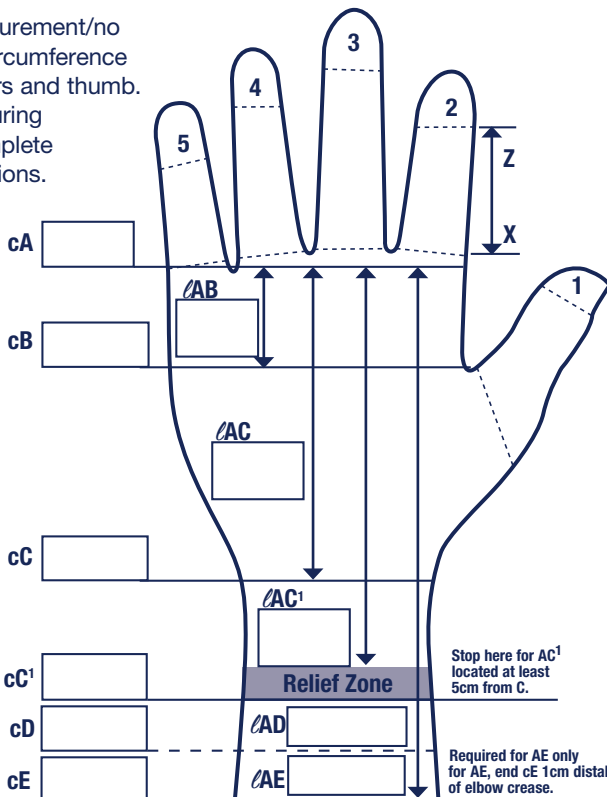
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

Name on CC _____

| | | | | | | |
|--|---|--|-----------------------------------|-----------------------------|-----------------------------|-------------------------------|
| Elvarex®** <input type="checkbox"/> Cherry <input type="checkbox"/> Beige <input type="checkbox"/> Navy <input type="checkbox"/> Black <input type="checkbox"/> Cranberry <input type="checkbox"/> Honey <input type="checkbox"/> Hazelnut <small>(CCL 1, 2 only)</small> | Elvarex® Soft Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Cherry <input type="checkbox"/> Cocoa <input type="checkbox"/> Honey <input type="checkbox"/> Navy | Elvarex® Plus** <input type="checkbox"/> Beige <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Hazelnut | Qty/Class Left Right | CCL1 (15-21mmHg*) | CCL2 (23-32mmHg*) | CCL2F† (23-32mmHg*) |
|--|---|--|-----------------------------------|-----------------------------|-----------------------------|-------------------------------|

| | | |
|--|---|---|
| Style <input type="checkbox"/> AC ¹ Glove <input type="checkbox"/> AE Glove to Elbow ≥13 cm past wrist <input type="checkbox"/> AC ¹ Gauntlet <input type="checkbox"/> AE Gauntlet to Elbow ≥13 cm past wrist | Pocket† <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm | Zipper† <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm |
|--|---|---|

Apply lay-on measurement/no tension to every circumference on the hand, fingers and thumb. See JOBST Measuring Guidelines for complete measuring instructions.



| | Circ. Z | Circ. X | Length Z-X min. 1cm |
|----------|---------|---------|---------------------|
| Thumb 1 | | | |
| Finger 2 | | | |
| Finger 3 | | | |
| Finger 4 | | | |
| Finger 5 | | | |

* Design Pressure
****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.

† Only available in Elvarex®

NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All others colors have an estimated arrival time of 7-10 business days from the date submitted.

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



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