

Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

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

Diagnosis \_\_\_\_\_

Doctor/Address \_\_\_\_\_

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

<b>PO#</b>	
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 # \_\_\_\_\_  
 Email \_\_\_\_\_  
 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.

Last 4 digits of credit card on file OR Exp. \_\_\_\_\_  
 New card - call to provide credit card # Billing Zip \_\_\_\_\_  
 Name on CC \_\_\_\_\_

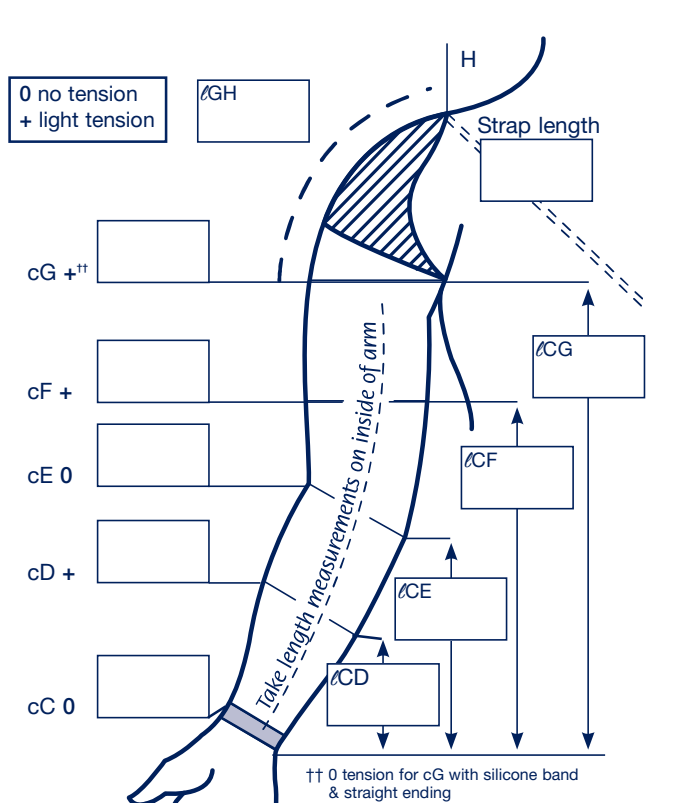
- Elvarex®\*\***
- Cherry
  - Navy
  - Beige
  - Black
  - Honey

- Elvarex® Soft** (N/A IN CCL3)
- Beige
  - Black
  - Honey
  - Cranberry
  - Cherry
  - Navy
  - Grey
  - Cocoa

Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
Left			
Right			

- Style** (AG AH AND CH NOT AVAILABLE IN SOFT)
- CG Sleeve
  - CH Sleeve & shoulder cap††††
  - AG Sleeve & hand attachment††††
  - AH Sleeve, hand attachment & shoulder cap††††

- Shoulder Cap Options (CH and AH) (Elvarex only)**
- Shoulder Strap
  - Bra loop with Velcro \_\_\_\_\_ cm (Bra Strap width)



- Elbow Options**
- Pocket Inside Elbow (Not available with Elbow Comfort)
  - Elbow Comfort† (CCL 2 only)
  - Lining (Pocket all sides closed)

Silicone Band	On Top	Inside	Inside ¾
2.5 cm			
SoftFit (C-G only)			
5 cm (Elvarex® Soft = On Top only)			
Zipper†	Inside	Outside	On Top
C-E only			
E-G only			

\* Design Pressure \*\*\* Not available in Elvarex Soft † Only available in Elvarex  
 \*\*CAUTION: This product contains natural rubber latex which may cause allergic reactions.  
**NOTE:** Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All other colors have an estimated arrival time of 7-10 business days from the date submitted.

For additional product order forms, please go to <https://eshop.jobst-usa.com>



BSN Medical Inc., an Essity company  
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