

# JOBST Custom Seamed

## VEST FORM (No Bra Cups)



Insurance Covered  
**COMPRESSION**  
THERAPY

Phone 309-664-7930 • Fax 309-664-7931

Email [orders@medsourceorders.com](mailto:orders@medsourceorders.com)

Date: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_ Fitter.: \_\_\_\_\_

Patient Name or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Account No.: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

Prepaid  Invoice  Same as Ship To

\* 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.

### DIAGNOSIS: Please Check Appropriate Box(es)

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Edema                   | <input type="checkbox"/> Thrombotic Syndrome           | <input type="checkbox"/> Varicose Veins         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lymphedema              | <input type="checkbox"/> Sclerotherapy / Vein Ligation | <input type="checkbox"/> Venous Insufficiency   | _____                                 |
| <input type="checkbox"/> Orthostatic Hypotension | <input type="checkbox"/> Venous Ulcer                  | <input type="checkbox"/> Arterial Insufficiency | <b>Prescribed pressure:</b> _____     |

### 1. STYLE

CAT #		QTY	PRICE
100525	SLEEVELESS VEST		
100524	VEST - 1 LONG SLEEVE, 1 SHORT SLEEVE		
100526	VEST - 2 SHORT SLEEVES		
100527	VEST - 2 LONG SLEEVES		

### 2. OPTIONS

CAT #		QTY	PRICE
100150	BEIGE		N/A
100158	BLACK		N/A
100160	2" SILICONE BAND		

### 3. DESIGN CHOICES

	YES	NO
FRONT ZIPPER		
HOOK & EYE (2 SETS) BEHIND ZIPPER		
V-NECK		

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### 4. BODY MEASUREMENTS

	CIRCUM	LENGTH
LEFT SHOULDER		N/A
RIGHT SHOULDER		N/A
NECK		N/A
CHEST		N/A
SHOULDER WIDTH	N/A	
SHOULDER TO WAIST	N/A	
CIRCUMFERENCE AT WAIST		N/A
SHOULDER TO END OF SUPPORT	N/A	
CIRCUMFERENCE AT END OF SUPPORT		N/A

### Please note:

This side of form must be submitted with front side.

### 5. ARM MEASUREMENTS

WRIST PLEAT	LEFT	TAPE #	RIGHT	WRIST PLEAT
		-6		
		-4 ½		
		-3		
		-1½		
		0		
		+1½		
		+3		
		+4½		
		+6		
		+7½		
		+9 ELBOW		
		+10½		
		+12		
		+13½		
		+15		
		+16½		
AXILLA PLEAT		+18		AXILLA PLEAT
		+19½		

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