



Elvarex® Lower Extremity Order Form



Insurance Covered
**COMPRESSION
THERAPY**

Patient Name / Essity File # _____ DOB _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____ Date _____

Phone 309-664-7930 • Fax 309-664-7931
Email orders@medsourceorders.com

**MUST INCLUDE PRESCRIPTION
ORDER FORM (57021)**
(available on JOBSTCompressionInstitute.com)

Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*	CCL 3F 34-46 mmHg*	CCL 4 49-70 mmHg*	CCL 4S 60-90 mmHg*
Left						
Right						
Pressure panty Elvarex® (Body Bandage)						

Circum. (c)	Length (l)	Length
cT ⁰	/GT	/T
cH ⁺⁺	/KT	/H

0 no tension
+ light tension
++ heavy tension

Styles

- AD Knee
- AF Mid-Thigh
- AG Thigh
- AG-T (AG with chapstyle)
 - Piece
 - Pair
- AG-HT 1½ Leg Pantyhose
- AT Pantyhose
- B'G
- BG
- FG (leg extension)
- GT Biker Shorts
- B1G-T Chap
- BT Capri
- B1T Capri

Options

- T-Heel (Class 2-3 forte only)
- Profile (Not available with pocket instep)
- SoftFit band (Only available CCL1-3, AD only)
- Silicone dotted band 2.5cm:
 - Top
 - Inside
 - Inside ¾
- Silicone dotted band 5cm:
 - Top
 - Inside
 - Inside ¾
- Micro dotted top band 5cm
- Lateral Rise AD only
 - Standard: 4cm
 - Other: _____ cm
- Silicone Waistband 5cm
- Adjustable Waistband
- Ribbed Fleece Waistband 5cm
- Ribbed Comfort Waistband w/Velcro 5cm
- Sensitive Waistband 5cm
- Vertical Silicone Strips AG:
 - Front
 - Back
 - Both
- Zipper B to D only:
 - Inside (Medial)
 - Outside (Lateral)
- Zipper E to G only:
 - Inside (Medial)
 - Outside (Lateral)
- Knee Comfort Zone (Not available in CCL 1)
- Top Comfort Zone
- Pocket
 - Instep (Not available with Profile)
 - Back of Knee†
 - All four sides closed
- Crotch options
 - Standard
 - With Compression
 - Fly for Men
 - Open Pubis
 - Mesh

Color

- Beige
- Black
- Cocoa
- Navy
- Grey
- Cranberry
- Stone
- Aubergine
- Graphite
- Henna
- Denim
- Caramel new!
- Bronze new!

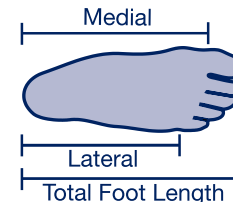
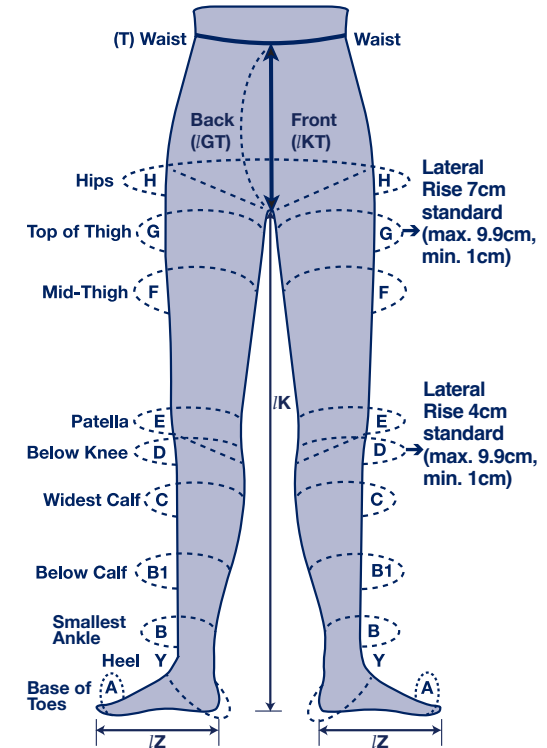
Seam Color

- Beige
- Black
- Cocoa
- Navy
- Caramel new!
- Bronze new!
- Cranberry
- Grey

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG ^{++/+}		/G	
cF ⁺⁺		/F	
cE ⁺		/E	
cD ^{+/0}		/D	
cC ⁺⁺		/C	
cB1 ⁺⁺		/B1	
cB ⁺		/B	
cY ⁰		/A (medial)	
cA ⁺		/A (lateral)	

- Straight Open Toe Lateral Length _____ cm
- Slant Open Toe Medial Length _____ cm
- Slant Closed Toe Medial Length _____ cm
- Straight Closed Toe Lateral Length _____ cm
- _____ cm Total Foot Length /Z _____ cm
- _____ cm Total Foot Length /Z _____ cm
- _____ cm Total Foot Length /Z _____ cm

Comments: _____



CAUTION: This product contains natural rubber latex which may cause allergic reactions.
* Design Pressure
** If measuring is done in lying position, cA please apply 0 tension
*** If silicone band & straight ending
† Not available with Knee Comfort Zone



BSN Medical Inc., an Essity company
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