



Patient Name / Essity 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 #

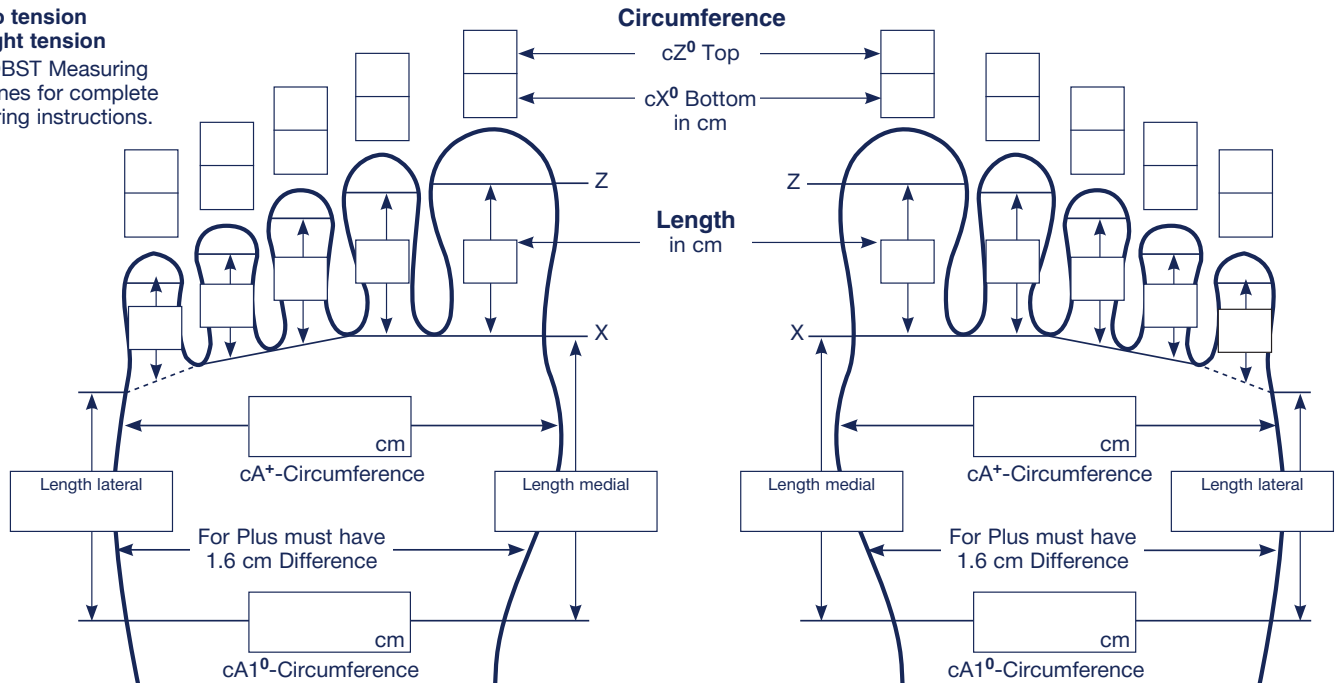
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

Name on CC _____ Billing Zip _____

Elvarex®** <input type="checkbox"/> Beige <input type="checkbox"/> Black Bronze new! <input type="checkbox"/> Cocoa <input type="checkbox"/> Caramel new! <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	Elvarex® Plus** <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Bronze new! <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Caramel new! <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry <input type="checkbox"/> Red	Elvarex® Soft Seamless <input type="checkbox"/> Cranberry <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Cherry	Qty/Class	CCL1 (18-21mmHg)	CCL2 (23-32mmHg)	CCL3† (34-46mmHg)
			Left			
			Right			

Small Toe Open*** Left <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm Right <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm	All 5th Toe circumferences are required for Elvarex® Plus, even if choosing open 5th toe option.	Small Toe Covered*** <input type="checkbox"/> Left <input type="checkbox"/> Right
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0 no tension
+ light tension
See JOBST Measuring Guidelines for complete measuring instructions.



NOTE: All Elvarex® garments have an estimated arrival time of 4-5 days. Elvarex® Plus and Elvarex® Soft Seamless garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All other colours for the Elvarex Plus and Soft Seamless have an estimated arrival time of 7-10 business days from the date submitted.

* Design Pressure † Only available in Elvarex®
**** CAUTION:** This product contains natural rubber latex which may cause allergic reactions.
******* Cut-back is only available in Elvarex® and Elvarex® Plus. No cut-back in Elvarex® Soft Seamless.
 For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>