

Glove/Gauntlet Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless



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 # _____
Email _____

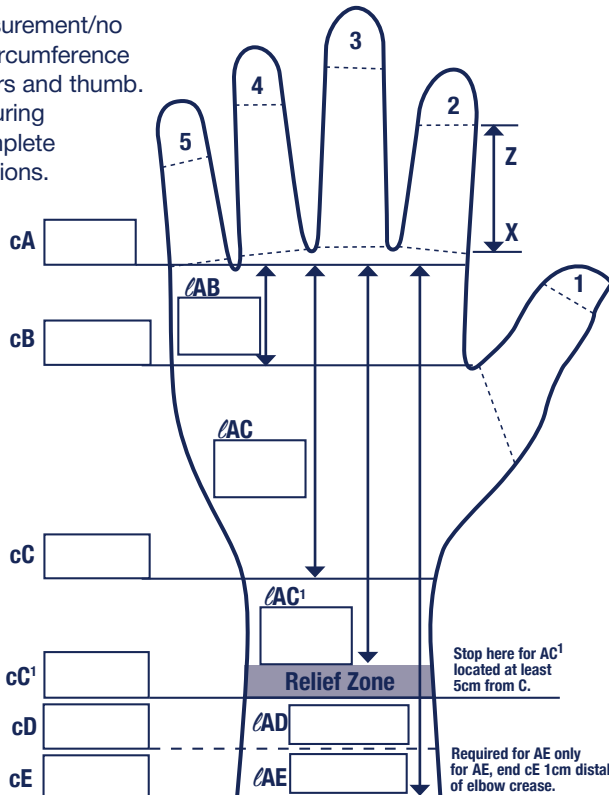
Last 4 digits of credit card on file OR Exp. _____
 New card - call to provide credit card # Billing Zip _____
Name on CC _____

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.

<input type="checkbox"/> Elvarex ^{***}	<input type="checkbox"/> Elvarex [®] Plus ^{**}	<input type="checkbox"/> Elvarex [®] Soft Seamless	Qty/Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
<input type="checkbox"/> Black <input type="checkbox"/> Caramel fmr Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Navy	<input type="checkbox"/> Beige <input type="checkbox"/> Bronze <input type="checkbox"/> Red	<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	Left			
<input type="checkbox"/> Beige <input type="checkbox"/> Hazelnut fmr Caramel <input type="checkbox"/> Cherry			Right			

Style	Pocket†	Zipper†
<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	<input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	<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>