Elvarex® Soft Order Form

Lower Extremity

JOBST Elvarex® Lymphedema Garments

Patient Name / Essity File # _____ DOB _____

Address _____ Gender M ☐ F ☐

City/State/Zip _____

Diagnosis _____

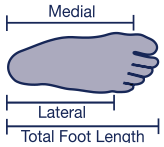
Date _____

TO ORDER:
https://eshop.jobst-usa.com/
Tel: (+1) 800-537-1063
Fax: (+1) 800-835-4325

Color

☐ Beige ☐ Gray
☐ Black ☐ Cocoa
☐ Cranberry ☐ Cherry
☐ Navy

Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*
Left			
Right			
Body Bandage CCL must be same as legs			



☐ **Straight Open Toe Length**
Lateral _____ cm

☐ **Straight Closed Toe Length**
Total Foot lZ _____ cm

☐ **Slant Open Toe Length**
Medial _____ cm
Lateral _____ cm

☐ **Slant Closed Toe Length**
Medial _____ cm
Lateral _____ cm
Total Foot lZ _____ cm

Circum. (c)	Length (l)	Length (l)
cT⁰	lGT	lT
cH⁺⁺	lKT	lH

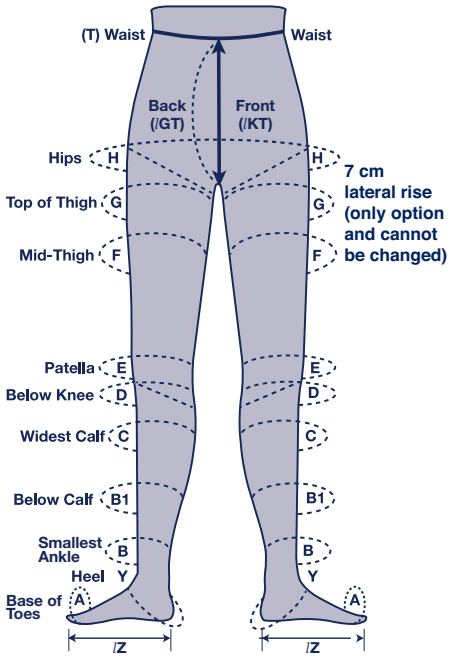
Tensions

** If measuring is done in lying position, cA please apply 0 tension

0 no tension
\+ light tension
++ heavy tension

***cD/cG 0 tension with silicone band and straight ending

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	**Right**	**Left**	**Right**
		lK	
cG⁺⁺**		lG	
cF⁺⁺		lF	
cE⁺		lE	
cD⁺***		lD	
cC⁺⁺		lC	
cB1⁺⁺		lB1	
cB⁺		lB	
cY⁰		lA (medial)	
cA⁺**		lA (lateral)	



Styles

☐ AD Knee
☐ AG Thigh
☐ B1G-T
☐ BG-T
☐ FT Biker Short

☐ AG-T Chap: ☐ pc. ☐ pr.
☐ AT Pantyhose

AT, BT, and B1T Pantyhose styles must be all one compression class. All leg lengths must be equal.

Options

☐ T-Heel ☐ Top Comfort Zone (available for AG Thigh only)

AT Panty Options
☐ Adjustable Waistband
☐ Open Pubis
☐ Ribbed Fleece Waistband

Lateral Rise
☐ AD standard 4cm
☐ Other: ___cm (2cm-6cm)
(AG fixed 7cm, no modifications)

Silicone Dot Top Band ☐ 2.5cm (AD Only) ☐ 5cm
(Silicone band not available for AG-T)

Micro-Dot Top Band ☐ 5cm

SoftFit Band ☐ 5cm (AD Only)

Pocket
☐ In-step
☐ Back of knee

Lining (Pocket all sides closed)
☐ In-step
☐ Back of knee
☐ Heel

All measurements should be in centimeters.

* Design Pressure

Comments: _____

essity
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