

# Armsleeve Order Form

**Elvarex®, Elvarex® Soft**

**TO ORDER:**  
<https://eshop.jobst-usa.com>  
 Email: [hms-elvarex-orders@essity.com](mailto:hms-elvarex-orders@essity.com)  
 Tel: 1-800-537-1063 Fax: 1-800-835-4325

Patient Name / BSN File # \_\_\_\_\_

DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Gender M  F

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor/Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**PO#**

Original Order  Reorder w Changes   
 Exact Reorder

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 \_\_\_\_\_

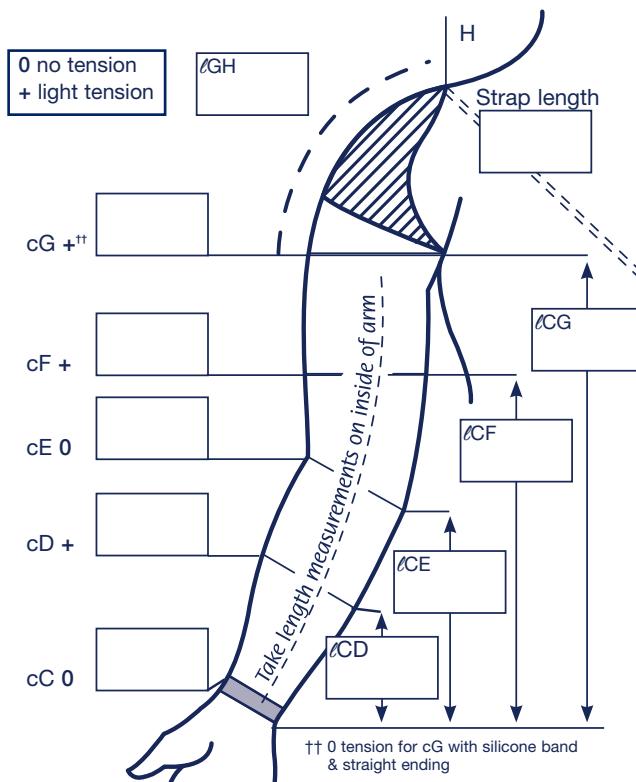
By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

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

<b>Elvarex®**</b>	<input type="checkbox"/> Black <input type="checkbox"/> Caramel fmr Honey <input type="checkbox"/> Hazelnut fmr Caramel <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry	<b>Elvarex® Soft (N/A IN CCL2F)</b>	<input type="checkbox"/> Beige <input type="checkbox"/> Bronze <input type="checkbox"/> Grey <input type="checkbox"/> Honey <input type="checkbox"/> Navy	<input type="checkbox"/> Cranberry <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Navy	<input type="checkbox"/> Grey <input type="checkbox"/> Cherry <input type="checkbox"/> Cocoa
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**Style** (AG AH AND CH NOT AVAILABLE IN ELVAREX SOFT)  
 CH Sleeve & shoulder cap\*\*\*\*  AG Sleeve & hand attachment\*\*\*\*  
 AH Sleeve, hand attachment & shoulder cap\*\*\*\*

Shoulder Strap  Bra loop with Velcro \_\_\_\_\_ cm  
 (Bra Strap width)



<b>Shoulder Cap Options (CH and AH) (Elvarex only)</b>				
<b>Quantity/Class</b>	<b>CCL1 (15-21mmHg*)</b>	<b>CCL2 (23-32mmHg*)</b>	<b>CCL2FT (23-32mmHg*)</b>	
Left				
Right				
<b>Elbow Options†</b>				
<input type="checkbox"/> Elbow Comfort† (CCL 2 only) (not available in Soft)	<input type="checkbox"/> Pocket Inside Elbow† (Not available with Elbow Comfort)			
	<input type="checkbox"/> Lining† (Pocket all sides closed)			
<b>Silicone Band</b>	<b>On Top</b>	<b>Inside</b>	<b>Inside 1/2 Elvarex only</b>	<b>Inside 3/4 Elvarex only</b>
2.5 cm				
5 cm				
SoftFit (C-G only)				
Micro Dot 5 cm				
<b>Zipper†</b>	<b>Inside</b>	<b>Outside</b>	<b>On Top</b>	
C-E only				
E-G only				

\* Design Pressure    \*\*\* Not available in Elvarex Soft    † Only available in Elvarex

\*\*CAUTION: This product contains natural rubber latex which may cause allergic reactions.

NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All other colors have an estimated arrival time of 7-10 business days from the date submitted.

For additional product order forms, please go to <https://eshop.jobst-usa.com>

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**ess** **essity**

BSN Medical Inc., an Essity company  
 5825 Carnegie Blvd. Charlotte, NC 28209-4633

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Arion and JOBST® donning aids ordering information on the back.