



JOBST® Custom™ Seamed Order Form

1 DATE: _____ <input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER <input type="checkbox"/> QUOTE ONLY RUSH Order with charge: <input type="checkbox"/> yes	3 DIAGNOSIS: Please Check Appropriate Box(es) <table style="width: 100%;"><tr><td><input type="checkbox"/> Edema</td><td><input type="checkbox"/> Venous Ulcer</td></tr><tr><td><input type="checkbox"/> Lymphedema</td><td><input type="checkbox"/> Varicose Veins</td></tr><tr><td><input type="checkbox"/> Orthostatic Hypotension</td><td><input type="checkbox"/> Venous Insufficiency</td></tr><tr><td><input type="checkbox"/> Thrombotic Syndrome</td><td><input type="checkbox"/> Arterial Insufficiency</td></tr><tr><td><input type="checkbox"/> Sclerotherapy/ Vein Ligation</td><td></td></tr><tr><td><input type="checkbox"/> Other: List _____</td><td></td></tr></table>	<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer	<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency	<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Arterial Insufficiency	<input type="checkbox"/> Sclerotherapy/ Vein Ligation		<input type="checkbox"/> Other: List _____	
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2 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4 REQUIRED <table style="width: 100%;"><tr><td><input type="checkbox"/> 15-20 mmHg</td><td><input type="checkbox"/> 30-40 mmHg</td></tr><tr><td><input type="checkbox"/> 20-30 mmHg</td><td><input type="checkbox"/> 40-50 mmHg</td></tr><tr><td></td><td><input type="checkbox"/> Other: _____</td></tr></table>	<input type="checkbox"/> 15-20 mmHg	<input type="checkbox"/> 30-40 mmHg	<input type="checkbox"/> 20-30 mmHg	<input type="checkbox"/> 40-50 mmHg		<input type="checkbox"/> Other: _____						
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5 REQUIRED: Date of Birth _____ / ____ / ____ <div style="text-align: right; font-size: small;">Month Year</div> PATIENT NAME _____ Patient File Number _____ <div style="margin-left: 40px; text-align: center; font-size: x-small;">Last Name First</div> <div style="margin-left: 40px;">Address _____ _____ _____ Optional Phone # () _____</div>													
6 DEALER / CLINIC / PRESCRIBER / HOSPITAL _____ Phone # () _____ Facility Account # _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____													
7 SHIP TO _____ Facility Account # _____ Address _____ Cannot ship to a PO Box _____ _____ _____ Attention _____													
8 BILL TO _____ Facility Account # _____ Address _____ <input type="checkbox"/> Prepaid _____ Same as <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Invoice _____ Attention _____ P.O. No. _____													
9 <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX Expiration Date _____ Auth.# _____ Card Number _____ Card Name _____													

Federal Law (USA) restricts the device to the sale by or on the order of a physician.

CUSTOM SEAMED - ARM

PATIENT'S NAME and/or FILE # _____

17 STYLES / OPTIONS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100505	Detachable Gauntlet (metacarpals to wrist)			
100515	Half Sleeve (wrist to elbow)			
100516	Half Sleeve & Gauntlet (metacarpals to elbow)			
101155	Half Sleeve (elbow to axilla)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve with Attached Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
101140	Arm Stump to Axilla			
Options				
101164	Zippers (see box 19)			
101167	Lining Inside Elbow			
101168	Lining Full Elbow			
101178	Lining Variation			
100027	Pocket			
101172	Adjustable Shoulder Flap (see box 20)			
101176	Contracture Seam			
110118	1" Silicone Band			
100160	2" Silicone Band			
100150	Beige			
100158	Black			

Standard length zipper is full length. If shorter zipper is desired, please indicate length from wrist.

19 ZIPPER OPTIONS

	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (ulnar) ASPECT (inside)				
POSTERIOR (back of hand)				
ANTERIOR (palm of hand)				

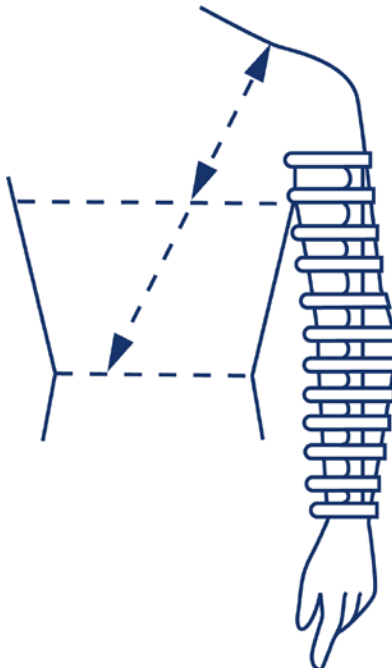
20 SHOULDER FLAP

LEFT	RIGHT

Length diagonally from top of shoulder to waist or below breast.

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Give circumference for adjustable flap at waist or below breast.



* 18 ARM CIRCUMFERENCE

*Start measuring arm from elbow to wrist then elbow to Axilla

		WRIST		
		TAPE#		
LEFT	RIGHT		LEFT	RIGHT
PLEATS		-6		PLEATS
		-4 1/2		
		-3		
		-1 1/2		
		0		
		+1 1/2		
		+3		
		+4 1/2		
		+6		
		+7 1/2		
		ELBOW 9		
		+10 1/2		
		+12		
		+13 1/2		
		+15		
		+16 1/2		
		+18		
		+19 1/2		
		AXILLA		

21 THUMB CIRCUMFERENCE

LEFT	RIGHT

