



# JOBST® Custom™ Seamed Order Form

<b>1</b> DATE: _____ <input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER <input type="checkbox"/> QUOTE ONLY  <b>RUSH Order with charge:</b> <input type="checkbox"/> yes	<b>3</b> <b>DIAGNOSIS:</b> Please Check Appropriate Box(es) <input type="checkbox"/> Edema <input type="checkbox"/> Lymphedema <input type="checkbox"/> Orthostatic Hypotension <input type="checkbox"/> Thrombotic Syndrome <input type="checkbox"/> Sclerotherapy/ Vein Ligation <input type="checkbox"/> Other: List _____  <input type="checkbox"/> Venous Ulcer <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Venous Insufficiency <input type="checkbox"/> Arterial Insufficiency
<b>2</b> <b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>4</b> <b>REQUIRED</b> <input type="checkbox"/> 15-20 mmHg <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg <input type="checkbox"/> Other: _____
<b>5</b> <b>PATIENT NAME</b> _____ <small>Last Name First</small> Address _____ _____ _____ Phone # (      ) _____	
<b>6</b> <b>DEALER / CLINIC / PRESCRIBER / HOSPITAL</b> _____ Phone # (      ) _____ <b>Facility Account #</b> _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____	
<b>7</b> <b>SHIP TO</b> _____ <b>Facility Account #</b> _____ Address _____ Cannot ship to a PO Box _____ _____ Attention _____	
<b>8</b> <b>BILL TO</b> _____ <b>Facility Account #</b> _____ Address _____ <input type="checkbox"/> Prepaid _____ <input type="checkbox"/> Same as _____ <input type="checkbox"/> Invoice _____ Attention _____ P.O. No. _____	
<b>9</b> <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.

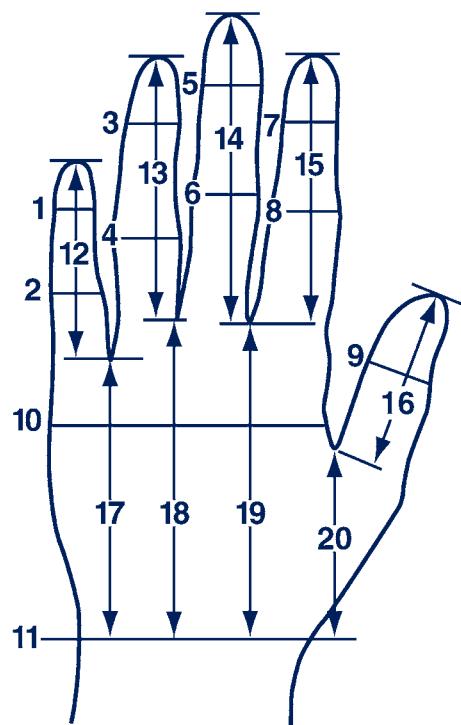
# CUSTOM SEAMED - HAND

PATIENT'S NAME and/or FILE # \_\_\_\_\_

## 22 STYLES / OPTIONS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100532	Glove to Axilla			
100533	Glove to Axilla with Shoulder Flap			
100534	Glove to Elbow			
100535	Glove to Wrist			
100536	Interdigital Web Spacer (to be worn over glove)			
100537	Mitten to Wrist			
<b>Options</b>				
101164	Zippers (see box 24)			
100027	Pocket			
101178	Lining Variation			
101169	Slant Inserts			
101167	Lining inside Elbow			
101168	Elbow lining (full)			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			

\* Hand outlines must have a 1" vertical measurement on the paper



Length must be taken from outline drawings unless fingers are contracted.

## \* 23 LENGTHS (HAND OUTLINE REQUIRED)

For Open Tip, mark finished length desired	✓ IF OPEN	LEFT	RIGHT	✓ IF OPEN
Little finger to web between little finger and ring finger	12			
Ring finger to web between ring and middle fingers	13			
Middle finger to web between middle and index fingers	14			
Index finger and web between index and middle finger	15			
Thumb to thumb web	16			
Wrist to web between little and ring fingers	17			
Wrist to web between middle and ring fingers	18			
Wrist to web between index and middle fingers	19			
Wrist to thumb web	20			

## 24 ZIPPER OPTIONS (mark✓)

	LEFT	RIGHT
DORSAL (posterior) ASPECT (standard)		
ULNAR (little finger)		
PALMAR (anterior)		

## 25 CIRCUMFERENCES

	LEFT	RIGHT
Little finger DIP	1	
Little finger PIP	2	
Ring finger DIP	3	
Ring finger PIP	4	
Middle finger DIP	5	
Middle finger PIP	6	
Index finger DIP	7	
Index finger PIP	8	
Thumb	9	
Palm	10	
Wrist	11	
1 1/2" beyond Wrist		
3" beyond Wrist		