



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) <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
2 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4 REQUIRED <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: _____
5 PATIENT NAME _____ <small>Last Name First</small> Address _____ _____ _____ Phone # () _____	
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 _____ <input type="checkbox"/> Same as _____ <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 - FOOT / TORSO

PATIENT'S NAME and/or FILE # _____

12 FOOT MEASUREMENTS

 <small>*Foot length required</small>	LEFT	
<small>RIGHT</small>		

13 ZIPPER OPTIONS

	LOCATION MARK (D) LEFT	LOCATION MARK (D) RIGHT	LENGTH IN INCHES LEFT	LENGTH IN INCHES RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				
Zipper through top support	YES <input type="checkbox"/>	No <input type="checkbox"/>		

15 CIRCUMFERENCES

	CIRCUM	HEIGHT
Desired Top of Support		
Waist	1	2
Midpoint Between 1 & 5	3	4
Largest Part of Buttocks	5	6
Proximal Thigh Left (at fold of buttocks)	7	8
Proximal Thigh Right (at fold of buttocks)	9	8
Left Shoulder	10	
Right Shoulder	11	
Neck	12	
Shoulder Width		13
Shoulder to Waist		14
Shoulder to Largest Part of Buttocks		15
Shoulder to Fold of Buttocks		16
Chest	17	
End of Support		
Shoulder to End of Support		
Circumference at End of Support		
Measurement for Bra Cups		
Shoulder to Just Under Breast	A	
Circumference Just Under Breast	B	
Circumference Over Nipple Line	C	

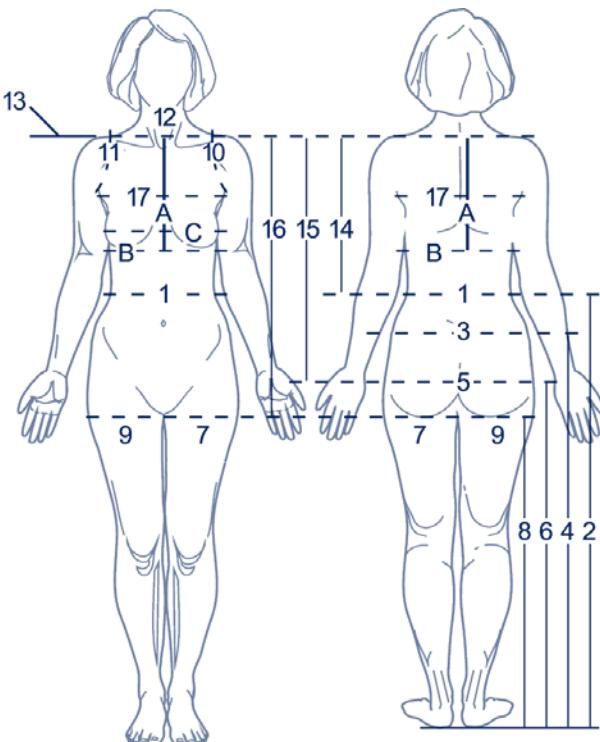
14 STYLES

CAT. NO.	STYLES	QTY.	PRICE EACH
100525	Sleeveless Vest 1, 10-14, 17		
100524	Vest 1 Long Sleeve 1, 10-14, 17 + arm(s) 1 Short Sleeve		
100526	Vest - 2 Short Sleeves 1, 10-14, 17 + arm(s)		
100527	Vest - 2 Long Sleeves 1, 10-14, 17 + arm(s)		
100530	Sleeveless Body Brief 1, 5, 7, 9-17		
100531	Body Brief with Sleeves 1, 5, 7, 9-17 + arm(s)		
100558	Sleeveless Body Suit 1, 5, 7, 9-17 + <u>leg(s)</u>		
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & <u>leg(s)</u>		
101117	2" Elastic		
100161	2" Custom Sensitive Silicone		
100027	Pocket		
101178	Lining Variation		
101118	1" Silicone Elastic (Beaded Dot Silicone band)		
100160	2" Silicone Elastic (Beaded Dot Silicone band)		
100150	Beige		
100158	Black		

If arm or leg measurements are required go to arm or lower extremity section(s).

16 TORSO / BODY DESIGN CHOICES

	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Self Axilla LT RT	V Neck	Turtle-neck	Scoop Neck
<input checked="" type="checkbox"/> IF YES	<input type="checkbox"/>								



CUSTOM SEAMED - HEAD

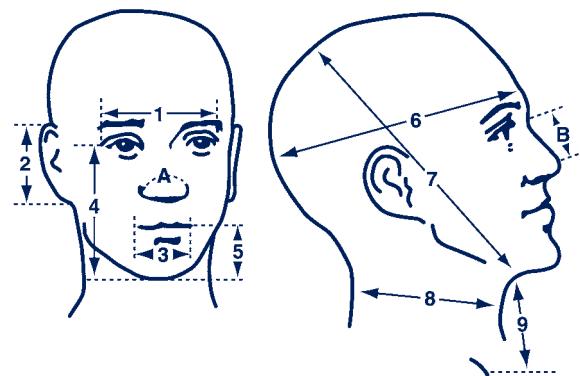
26 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		

PATIENT'S NAME and/or FILE # _____

27 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
Options			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		



ORDER SUMMARY

SUBTOTAL \$	\$0.00
Next Day Ordering Processing Fee	
SERVICE FEE	
\$15 OPTIONAL OVERNIGHT SHIPPING	
(TAXABLE) SUBTOTAL	\$0.00
TOTAL \$	\$0.00

Please enclose remittance or P.O., payable in U.S. funds or their equivalent. Sorry, NO C.O.D.'s

RUSH Service Phone, email or fax orders may receive this priority service if requested. Your order will be completed and shipped from our facility within "1" day of the day of receipt. The service fee is 30% of the total prices entire order, plus the \$15.00 next day air fee. Available in the USA only.

***REQUEST FOR NEXT DAY AIR SHIPPING OPTION ONLY (USA only)** charge of \$15.00

Essity Fee for reading measuring tapes - \$25.00

Please fax your order to: 1-800-835-4325 or email to: seamedorders@essity.com

**BSN Medical Inc., an Essity company
1-800-537-1063 option 2**

COMMENTS

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