JOBST® Custom™ Seamed Order Form

1 DATE: _____

☐ ORIGINAL ORDER

☐ REORDER

☐ QUOTE ONLY

RUSH Order with charge:

☐ yes

3 DIAGNOSIS: Please Check Appropriate Box(es)

☐ Edema

☐ Lymphedema

☐ Orthostatic Hypotension

☐ Thrombotic Syndrome

☐ Sclerotherapy/ Vein Ligation

☐ Other: List _____

☐ Venous Ulcer

☐ Varicose Veins

☐ Venous Insufficiency

☐ Arterial Insufficiency

2 GENDER:

☐ MALE   ☐ FEMALE

4 REQUIRED

☐ 15-20 mmHg

☐ 20-30 mmHg

☐ 30-40 mmHg

☐ 40-50 mmHg

☐ Other: _____

5

REQUIRED: Date of Birth _____ / _____
Month   Year

PATIENT NAME _____ Patient File Number _____
Last Name First

Address _____

_____

_____

Phone # (_____) _____

(Optional)

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 _____

☐ **Prepaid**

☐ **Invoice**

_____ Same as ☐ ☐

_____

Attention _____ P.O. No. _____

9 ☐ VISA   ☐ MC   ☐ 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.

Please enter comments on page 6

CUSTOM SEAMED – LOWER EXTREMITIES

PATIENT'S NAME and/or FILE # _____

10 LEG CIRCUMFERENCE
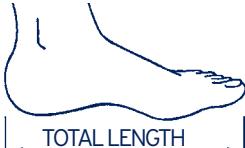
PLEATS	LEFT	TAPE#	RIGHT	PLEATS
		-7½		
		-6		
		-4½		
		-3		Pleat at end of foot only (2 max.)
		-1½		
		HEEL 0		
		+1½		
		+3		
		+4½		
		+6		
		+7½		
		+9		
		+10½		
		+12		
		+13½		
		+15		
		+16½		Pleat at top only (1 max.)
		+18		
		+19½		
		+21		
		+22½		
		+24		
		+25½		
		+27		
		+28½		
		+30		
		+31½		
		+33		
		+34½		
		+36		

11 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
100019	Leg Band (Knee or Thigh)				
100538	Foot Glove to Ankle Length				
100539	Foot Glove Extending to Knee Length				
Waist Height: See Box #22 for Body Measurements					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
101114	Waist Height / One Leg, Brief				
101119	Panty Girdle / Two Legs, Above Knee, Closed Pubis				
101111	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101122	Panty Girdle / Two Legs, Above Knee, Open Pubis				
101110	Panty Girdle / Two Legs, Below Knee, Open Pubis				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
Colors					
100150	Beige				
100158	Black				
Options					
101187	Reinforced Heel (per Leg)				
101188	Full Ankle Lining (including Heel) (per Leg)				
101186	Reinforced Knee				
100040	Lining Behind Knee (per Leg)				
101159	Self-material Enclosed Toe (see box 12)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 13)				
101108	Zipper Pull (Plastic)				
101178	Lining Variation				
100027	Pocket				
101117	2" Elastic				
100161	2" Custom Sensitive Silicone				
101121	Abdominal Pelvic Support				
101161	Reduced Pressure Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 ⅞")				
100031	Oversize Charge (60" to 69 ⅞")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
101176	Contracture Seam				
Stumps					
100039	Stump Support, One Stump and Panty				
100037	Chap Style, One Stump				
100038	Chap Style, Two Stump				

Please enter comments on page 6

CUSTOM SEAMED - FOOT / TORSO

PATIENT'S NAME and/or FILE # _____

12 FOOT MEASUREMENTS

LEFT

RIGHT

TOTAL LENGTH
*Foot length required

13 ZIPPER OPTIONS

	LOCATION MARK (D) LEFT RIGHT		LENGTH IN INCHES LEFT RIGHT	
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				
Zipper through top support	YES ☐		No ☐	

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 + **leg(s)**		
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & **leg(s)**		
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).

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				

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
✔ IF YES	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please enter comments on page 6