



Bellavar® and Custom Seamless Soft Order Form

Patient Name/ID Code or File # _____
Address _____
City/State/Zip _____
Date _____

TO ORDER:
<https://order.jobst.com/us>
Tel: (+1) 800-537-1063
Fax: (+1) 800-835-4325
Prescription Order Form 57021
must accompany this form.

Basic Styles:

AD AF AG AG-T AG-HT AT

Options:

Closed Toe Open Toe Short Foot (closed)

Special Options:

AD No Silicone Silicone dotted band 2.5 cm
 Silicone dotted band 5 cm SoftFit™
(only in CCL1 & CCL2)***

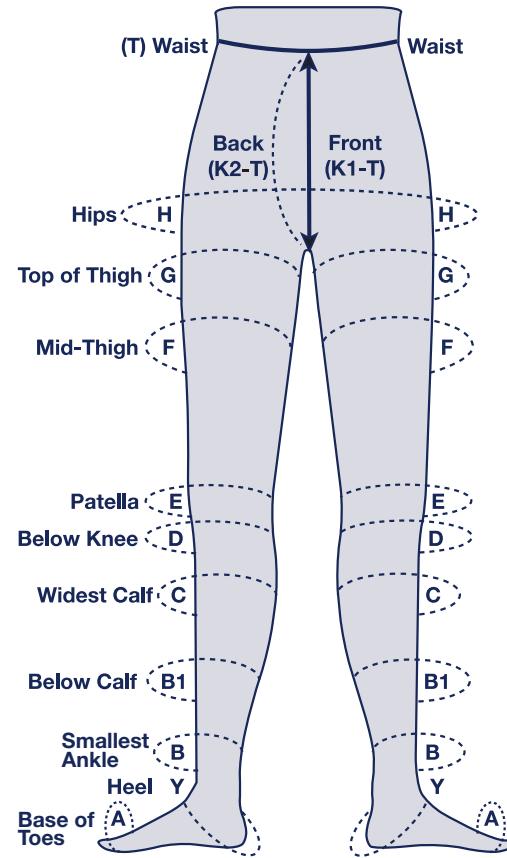
AT	<input type="checkbox"/> Maternity	<input type="checkbox"/> Fly for Men
	<input type="checkbox"/> Full compression	<input type="checkbox"/> Regular Adjustable Waist band
	<input type="checkbox"/> Waist band 2.5 cm**	<input type="checkbox"/> Waist band 5.0 cm**
	<input type="checkbox"/> Open Pubis	<input type="checkbox"/> Mesh Crotch

Form 57021 must accompany this form.

Circum. (c)	Length (l)	Length (l)
$c\mathbf{T}$	$\mathbf{K2-T}$	$l\mathbf{T}$
$c\mathbf{H}$	$\mathbf{K1-T}$	$l\mathbf{H}$

Circumference (c)	Length (l): Taken from each landmark to floor
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Left	Right	Left	Right
<i>cG</i>		<i>lG</i>	
<i>cF</i>		<i>lF</i>	
<i>cE</i>		<i>lE</i>	
<i>cD</i>		<i>lD</i>	
<i>cC</i>		<i>lC</i>	
<i>cB1</i>		<i>lB1</i>	
<i>cB</i>		<i>lB</i>	
<i>cY</i>		<i>lZ</i> (closed toe)	
<i>cA</i>		<i>lA</i> (open toe)	



Foot length open toe 1A

(Not available in slant open or slant closed toe, only straight.)

Foot length closed toe 17

Comments

essity

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

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*Design Pressure **Not available in Full Compression or Bellavar® ***Not available in Bellavar®
Take measurements on edema-free extremities only. All measurements must be recorded in cm.

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