

Patient Name / Essity File # _____ DOB _____ Date _____

Address _____ Gender M F

City / State / Zip _____

Diagnosis _____

Doctor/Address _____

City / State / Zip _____

PO#

Original Order Reorder w Changes
Exact Reorder

Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____

Fitter Facility _____ Email _____

Ship To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Bill To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Confirmation Fax # _____

Email _____

By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

Last 4 digits of credit card on file OR Exp. _____

New card - call to provide credit card #

Name on CC _____ Billing Zip _____

Elvarex ** <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Bronze new! <input type="checkbox"/> Cocoa <input type="checkbox"/> Caramel new! <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	Elvarex® Plus** <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Bronze new! <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	Elvarex® Soft Seamless <input type="checkbox"/> Cranberry <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Cherry	Qty/Class	CCL1 (18-21mmHg)	CCL2 (23-32mmHg)	CCL3[†] (34-46mmHg)
			Left			
			Right			

Small Toe Open***

Left 0.5cm 1cm 1.5cm
Right 0.5cm 1cm 1.5cm

All 5th Toe circumferences are required
for Elvarex® Plus, even if choosing
open 5th toe option.

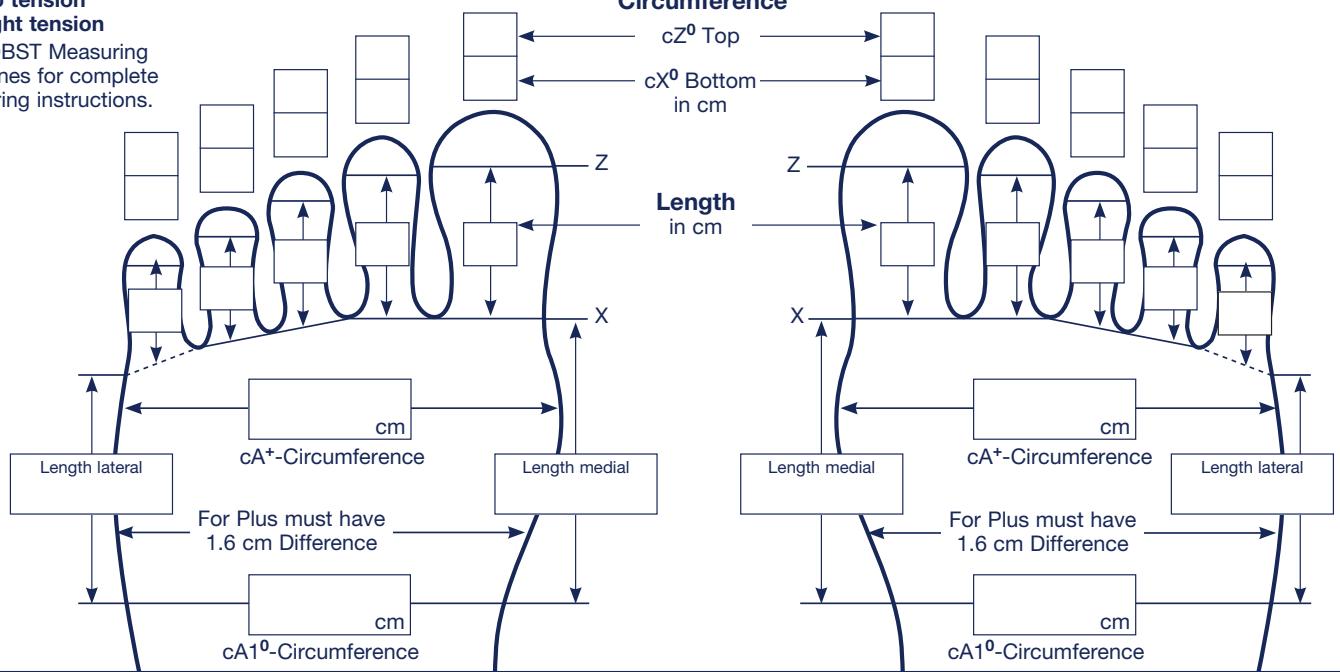
Small Toe Covered***

Left Right

0 no tension

+ light tension

See JOBST Measuring
Guidelines for complete
measuring instructions.



NOTE: All Elvarex® garments have an estimated arrival time of 4-5 days. Elvarex® Plus and Elvarex® Soft Seamless garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All other colours for the Elvarex Plus and Soft Seamless have an estimated arrival time of 7-10 business days from the date submitted.

* Design Pressure [†] Only available in Elvarex®

** **CAUTION:** This product contains natural rubber latex which may cause allergic reactions.

*** Cut-back is only available in Elvarex® and Elvarex® Plus. No cut-back in Elvarex® Soft Seamless.

For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>