

Foot Cap Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

TO ORDER:
<https://eshop.jobst-usa.com>
Email: hms-elvarex-orders@essity.com
Tel: 1-800-537-1063 Fax: 1-800-835-4325

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

Email _____ New card - call to provide credit card #

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.

Name on CC _____ Billing Zip _____

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

Small Toe Open***	All 5th Toe circumferences are required for Elvarex® Plus, even if choosing open 5th toe option.	Small Toe Covered***
Left <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm Right <input type="checkbox"/> 0.5cm <input type="checkbox"/> 1cm <input type="checkbox"/> 1.5cm		<input type="checkbox"/> Left <input type="checkbox"/> Right

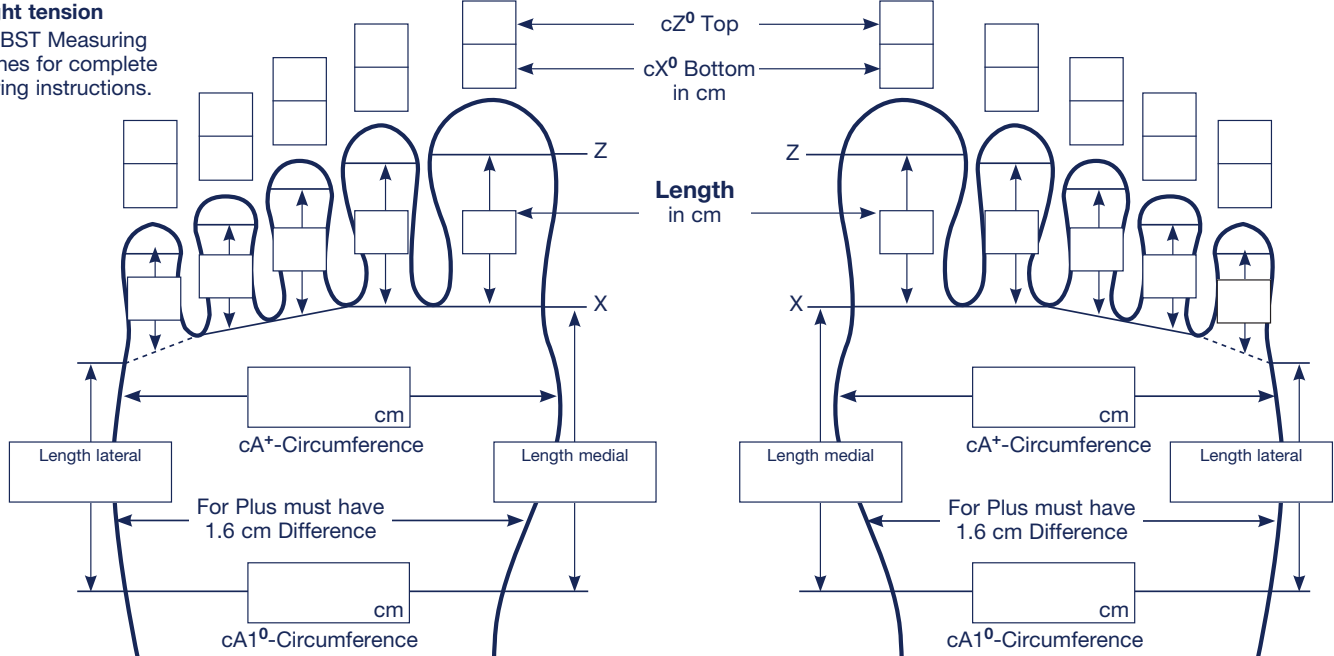
0 no tension
+ light tension

See JOBST Measuring Guidelines for complete measuring instructions.

Circumference

cZ⁰ Top
cX⁰ Bottom in cm

Length
in cm



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>