

Relax Order Form

TO ORDER:

<https://eshop.jobst-usa.com>

Email: HMS-Elvarex-Orders@essity.com

Phone: (+1) 800-537-1063

Fax: (+1) 800-835-4325



Patient Name / BSN File # _____ DOB _____

Address _____ Gender M ☐ F ☐

City/State/Zip _____

Diagnosis _____

Doctor / Address _____

City/State/Zip _____

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name _____ Fitter # _____ Fitter Phone _____

Fitter Facility _____ Fitter email _____

Ship To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email* _____ Phone _____ FAX _____

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

Bill To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ FAX _____

☐ Last 4 digits of credit card on file _____ OR ☐ New card - call to provide credit card #

Name on CC _____ Exp. _____ Billing Zip Code _____

Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

Style

- ☐ CG Armsleeve
☐ AG Armsleeve w/gauntlet

Color

- ☐ Beige
☐ Rose

Lower Extremities

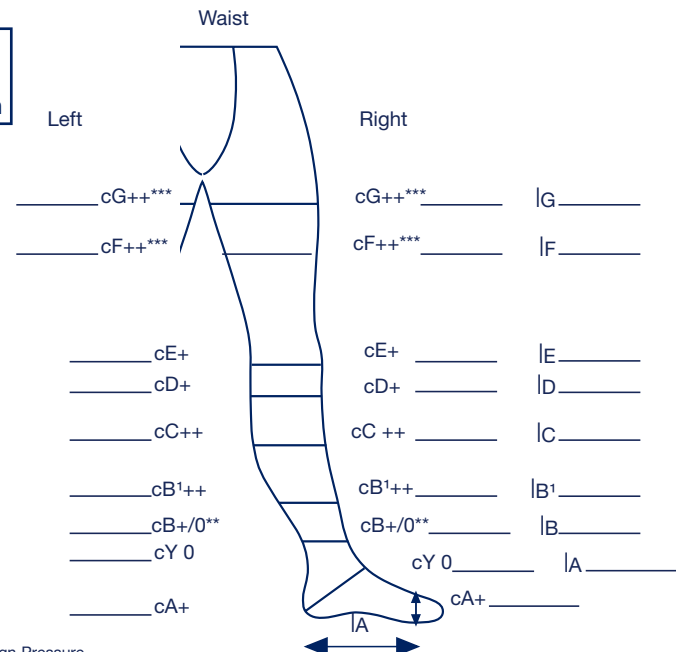
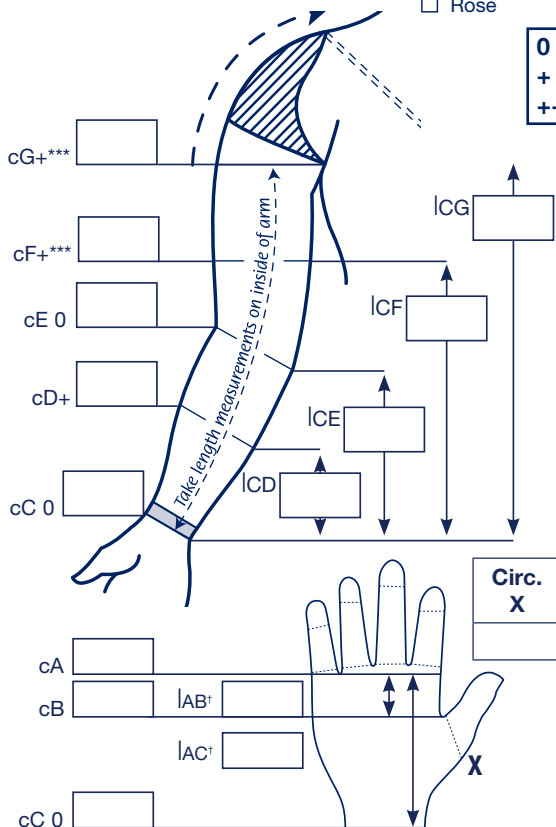
Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

Style

- ☐ Knee High
☐ Thigh High

Color

- ☐ Beige
☐ Rose



* Design Pressure
 ** If cB is <20cm, cB should be measured with 0 tension
 *** If needed, slightly more tension can be used
 † Add 1 cm to IAB and IAC



BSN Medical Inc., an Essity company
 5825 Carnegie Blvd. Charlotte, NC 28209-4633
 Tel. (+1) 704 554 9933 Fax (+1) 800 835 4325

62733 R9 © 2023 BSN Medical Inc. H23

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