

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 Reorder w Changes
 Exact Reorder 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 _____ |
| <input type="checkbox"/> Last 4 digits of credit card on file _____ OR <input type="checkbox"/> 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

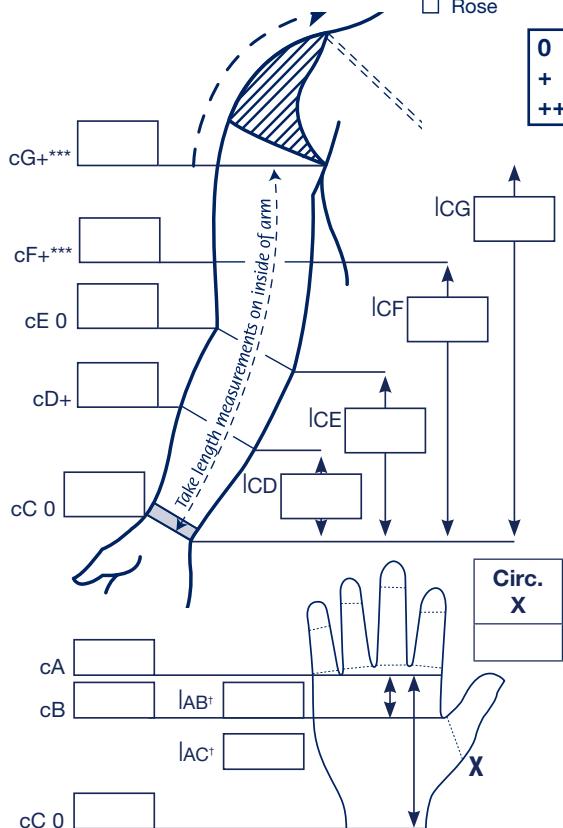
| Quantity/Class | CCL 1 (15-20 mmHg*) | CCL 2 (20-30 mmHg*) |
|-------------------|------------------------|------------------------|
| Left (AD and AG) | | |
| Right (AD and AG) | | |

Style

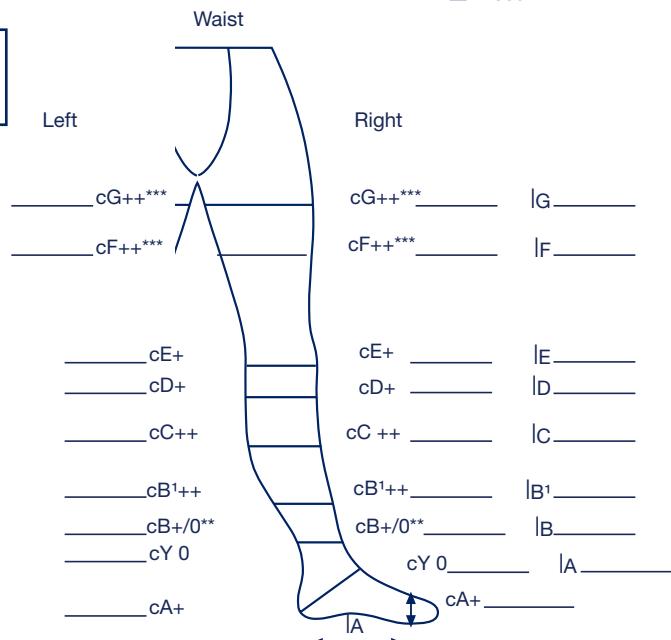
Knee High
 Thigh High

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



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essity