

Patient Name / ID Code or 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 BSN in a non-encrypted manner.

☐ Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

☐ New card - call to provide credit card # Billing Zip \_\_\_\_\_

Name on CC \_\_\_\_\_

**Color**

- ☐ Beige ☐ Caramel ☐ Anthracite Heather
- ☐ Black ☐ Jeans Heather ☐ Red Heather

**Quantity/Class**
**CCL1**  
(15-21mmHg\*)

**CCL2**  
(23-32 mmHg\*)

Left

Right

**Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)**

**Elbow Options**

- ☐ Elbow Comfort Zone

**Elbow Bend Options**

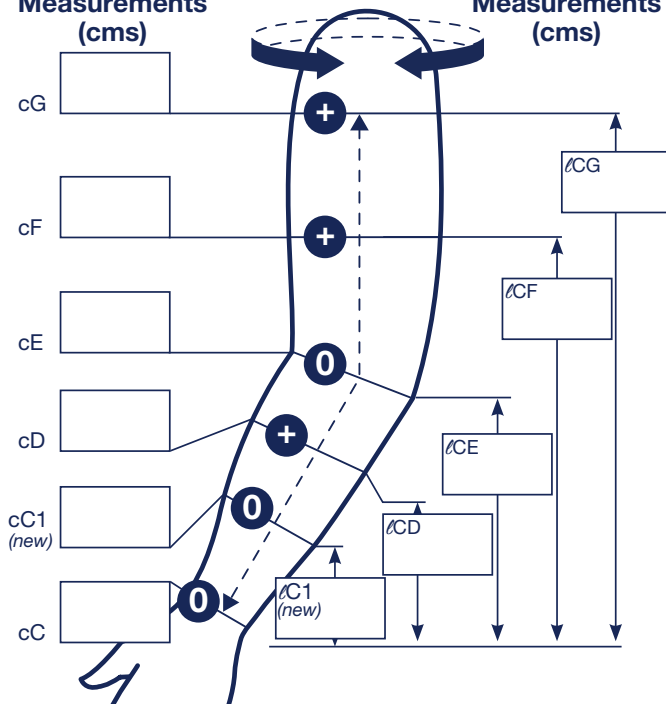
- ☐ Elbow 25 Degree (standard)
- ☐ Elbow 45 Degree

**Decorative Options**

- ☐ Decorative Line (Front of garment)
- ☐ Patient Initials  
Max 2 letters (A-Z) \_\_\_\_\_

**Silicone Band**

- ☐ No Silicone
- ☐ SoftFit
- ☐ 2.5 Top
- ☐ 2.5 Inside 1/2

**Circumference Measurements (cms)**
**Length Measurements (cms)**

**Measuring Guidelines**

(Only applicable for Confidence)  
See Arm Diagram for applicable tension at each landmark.

**0 no tension**

**+ light tension**

**cG = 0 no tension with silicone band**

**cG = + light tension without band**

**lC1 = 5 to 7cm above cC**

**(lCG must be taken with the arm bent)**

\* Design Pressure

For additional product order forms, please go to:

<http://www.jobstcompressioninstitute.com/resources/orders>