

Foot Caps Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

Patient Name / BSN File # _____ DOB _____

Address _____ Gender M F

City/State/Zip _____

Diagnosis _____

Doctor / Address _____

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 _____

Bill to Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ FAX _____

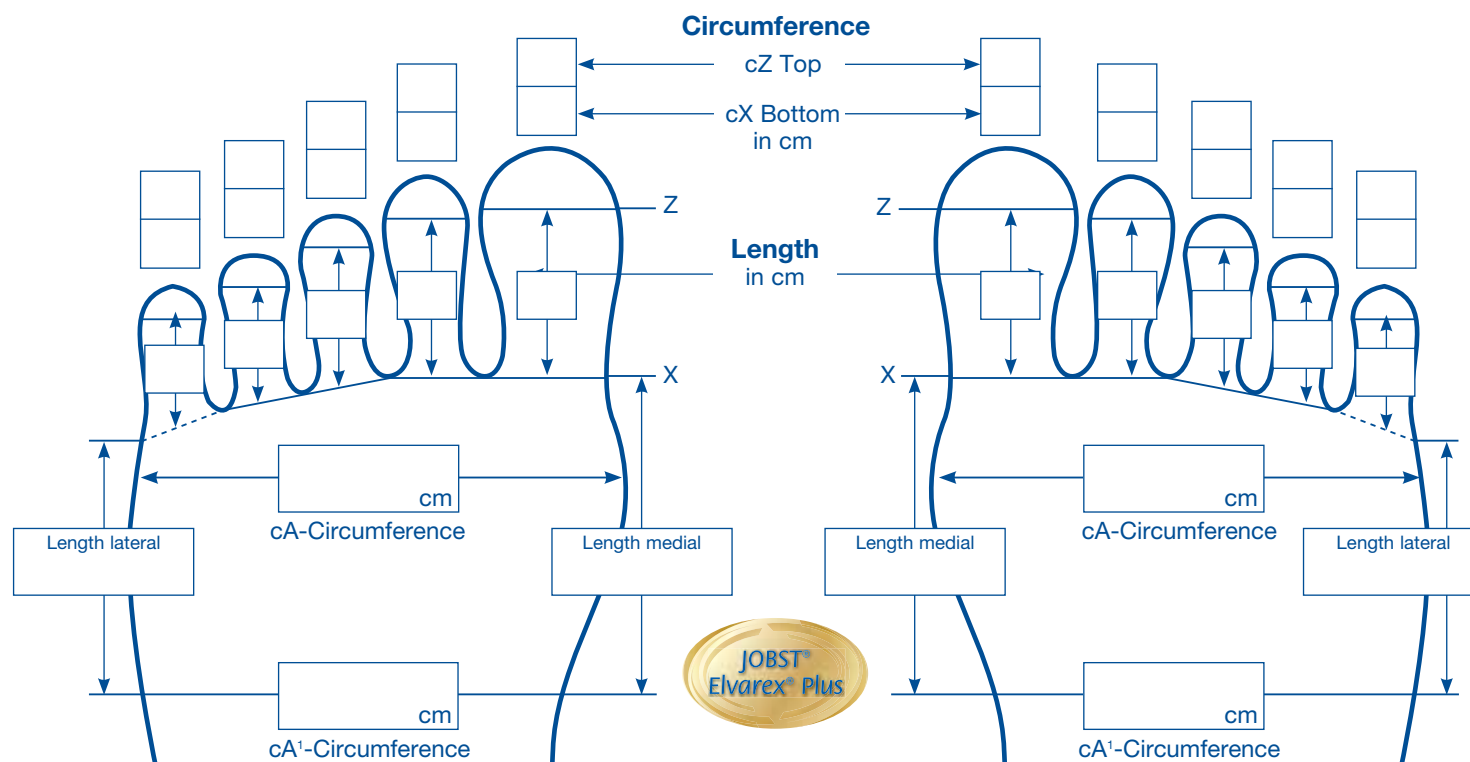
CC AmEx MC Visa

CC # _____ Name on CC _____

Exp Date _____ Billing Zip Code _____

Quality	Color	Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3† (34-46mmHg*)
<input type="checkbox"/> Elvarex** <input type="checkbox"/> Elvarex Plus** <input type="checkbox"/> Elvarex Soft Seamless	<input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Cocoa*** <input type="checkbox"/> Navy*** <input type="checkbox"/> Grey***	Left _____ Right _____			

Small Toe Open (extra cut back not required) 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	<b style="color: orange;">All 5th Toe circumferences are required for Elvarex Plus, even if choosing open 5th toe option.	Small Toe Covered*** <input type="checkbox"/> Left <input type="checkbox"/> Right
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BSN medical Inc. 5825 Carnegie Blvd. Charlotte, NC 28209-4633
 Tel. 704 554 9933 Fax 800 835 4325 <https://order.jobstcustom.com/us>
 To order toll-free: JOBST 800 537 1063
 50334 R13 © 2014 BSN medical Inc. REV 04/14

* Design Pressure
 † Only available in Elvarex
****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.
 *** Not available in Elvarex Soft Seamless.