

Custom Made Circular Knitted Compression Stockings Order Form

Patient's Name/ID Code or File #: _____

Address: _____

City/State/Zip: _____

Date: _____



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

Product / Brand	Quantity		Sand	Sun Bronze	Black	Amber	Navy
	left	right					
Seamless Soft 18-21 mmHg* (CCL 1)							
Seamless Soft 23-32 mmHg* (CCL 2)							
Seamless Soft 34-46 mmHg* (CCL 3)							
Bellavar™ 23-32 mmHg* (CCL 2)							
Bellavar™ 34-46 mmHg* (CCL 3)							

Basic Styles:

AD AF AG AG-T AG-HT AT

Options:

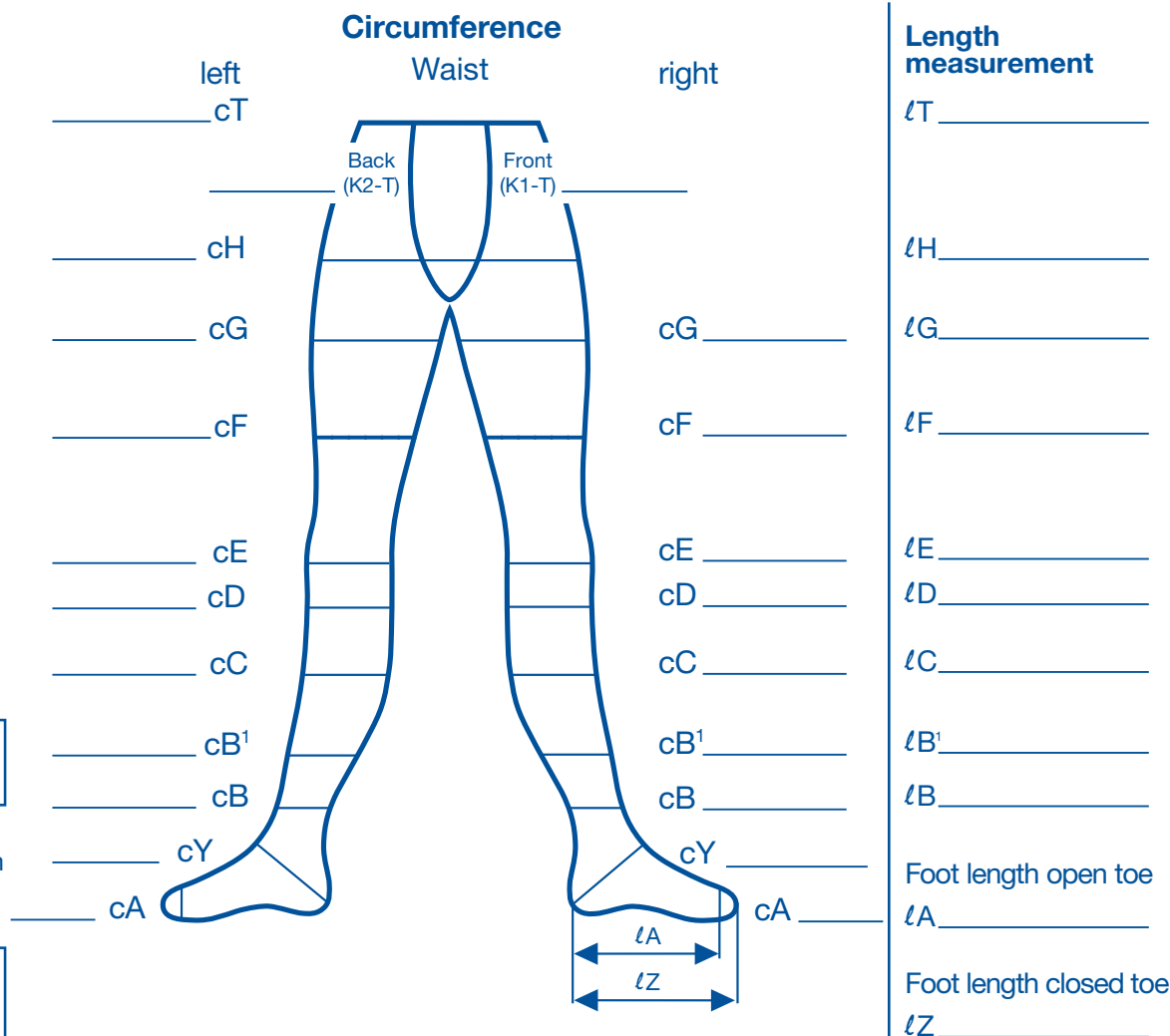
Closed toe Open toe Short foot (closed)

Special Options:

AD No Silicone Silicone dotted band 2.5 cm
 Silicone dotted band 5 cm

AF/AG No Silicone Silicone dotted band 5 cm
 Silicone lace band 6 cm Silicone Soft band 6 cm**

AT Maternity Fly for Men
 Full compression Regular Adjustable Waist band
 Waist band 2.5 cm** Waist band 5.0 cm**



Comments: _____

*Design Pressure **Not available in Full Compression or Bellavar
Take measurements on edema-free extremities only. All measurements must be recorded in cm.