

Glove/Gauntlet Order Form

Elvarex[®], Elvarex[®] Plus, Elvarex[®] Soft Seamless

TO ORDER:
<https://order.jobst.com/us>
Fax: (+1) 800-835-4325

Patient Name / BSN File # _____ DOB _____ Date _____

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 _____ 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 _____

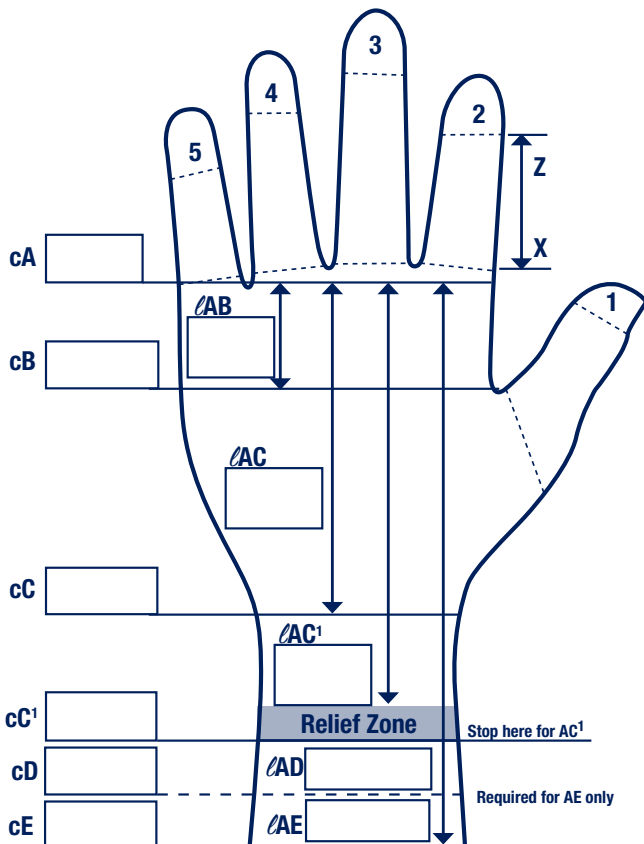
Confirmation Fax # _____ Last 4 digits of credit card on file OR Exp. _____

Email _____ New card - call to provide credit card # Billing Zip _____

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.

Elvarex^{®**} <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Caramel (CCL 1, 2 only)	Elvarex[®] Soft Seamless <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cocoa	Elvarex[®] Plus <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Honey <input type="checkbox"/> Cherry <input type="checkbox"/> Navy <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel	Qty/Class Left Right	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2F† (23-32mmHg*)
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Style <input type="checkbox"/> AC [†] Glove <input type="checkbox"/> AC [†] Gauntlet	<input type="checkbox"/> AE Glove to Elbow >13 cm past wrist <input type="checkbox"/> AE Gauntlet to Elbow ≥13 cm past wrist	Pocket[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	Zipper[†] <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm
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	Circ. Z	Circ. X	Length Z-X
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			

* Design Pressure

****CAUTION:** This product contains natural rubber latex which may cause allergic reactions.

† Only available in Elvarex[®]

NOTE: Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All others colors have an estimated arrival time of 7-10 business days from the date submitted.

For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>

