

# Bellavar® and Custom Seamless Soft Order Form

Patient's Name/ID Code or File #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date: \_\_\_\_\_



To order toll-free:  
 JOBST 800-537-1063  
 Fax (+1) 800-835-4325  
 To Order Online:  
<https://order.jobst.com/us>

Product / Brand	Quantity		Sand	Sun Bronze	Black	Amber	Navy	Cranberry	Sienna
	Left	Right							
<b>Seamless Soft</b> 18-21 mmHg* (CCL 1)									
<b>Seamless Soft</b> 23-32 mmHg* (CCL 2)									
<b>Seamless Soft</b> 34-46 mmHg* (CCL 3)									
<b>Bellavar®</b> 23-32 mmHg* (CCL 2)									
<b>Bellavar®</b> 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  SoftFit™ (only in CCL1 & CCL2)\*\*\*

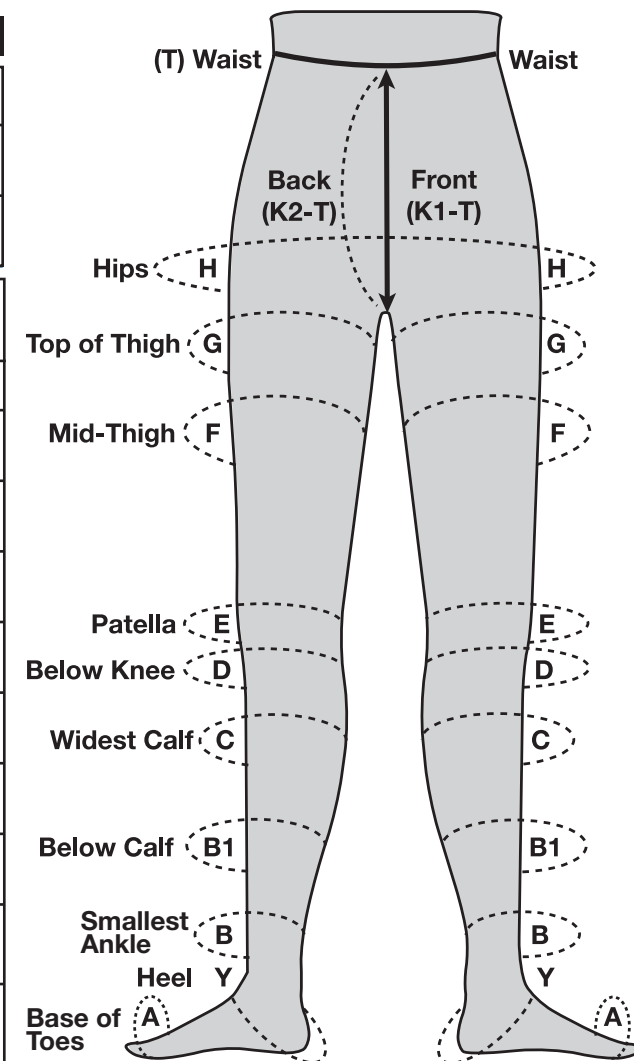
**AF/AG**  No Silicone  Silicone dotted band 5 cm  
 Silicone lace band 6 cm  Silicone Soft band 6 cm\*\*  
 Sensitive Band (Seamless Soft Only)

**AT**  Maternity  Fly for Men  
 Full compression  Regular Adjustable Waist band  
 Waist band 2.5 cm\*\*  Waist band 5.0 cm\*\*  
 Open Pubis  Mesh Crotch

**Form 57021 must accompany this form.**

Circum.(c)	Length (l)	Length (l)
cT	K2-T	lT
cH	K1-T	lH

Circumference (c)		Length (l): Taken from each landmark to floor.	
Left	Right	Left	Right
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lZ (closed toe)	
cA		lA (open toe)	



Foot length open toe lA \_\_\_\_\_ Foot length closed toe lZ \_\_\_\_\_  
 (Not available in slant open or slant closed toe, only straight.)

Comments: \_\_\_\_\_