



JOBST® UlcerCARE™

2-in-1 Compression System

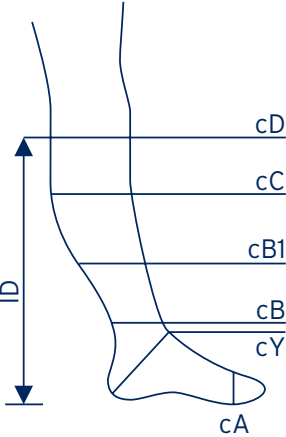
Order Forms for

Ready-to-Wear Compression Systems

Custom-Fit Compression Systems

Measure accurately to the nearest half cm when the patient is lying down. A measuring board is recommended whenever possible.

Measuring Points	
D	Fibula head / two finger widths below kneecap
C	Widest point of calf
B1	Transition to calf (Achilles tendon)
B	Narrowest point at ankle above the malleoli
Y	Heel / ankle flex at maximum dorsiflexion
A	Base of toes / metatarsophalangeal joints



Key	
B	Each letter relates to a measuring point
c	Circumference
I	Length



Place the measuring board on a stable surface and ask the patient to place their leg on the measuring board. Ensure you have a tape measure, ballpoint pen and order form at hand.



Foot length for a slant open toe: from the end of the heel to the base of large toe (inside) and from the end of the heel to the base of the little toe (outside). Foot length for closed toe: from the end of the heel to the tips of the toes.



Take circumferential measurement A at the base of the toes.



Take circumferential measurement Y around the ankle flex and heel at maximal dorsiflexion. Measure in a **relaxed 'V'** to ensure garment is not too tight and allows for movement.



Measure circumference B at the narrowest point of the ankle. Measure length a-B at the same point. If malleoli not palpable, 8-12cm from heel.



Measure circumference B1 at the Achilles tendon / calf transition. Measure length a-B1 at the same point.





Measure circumference C at the widest point of the calf (see below). Measure length a-C at the same point.



Measure circumference D at the fibular head - two finger widths below the kneecap. Measure length a-D at the same point.

All circumference measurements to be taken with lay-on tape tension except the C measurement point. This is an anchor point for the garment. Apply lay-on tape tension and then pull slightly.

Prescription codes

Custom-Fit	
Black or Caramel  	
LZ-07-04	Medical stocking
LL-07-04	Pack of two liners

JOBST® UlcerCARE™

2-in-1 Compression System
Ready-to-Wear Compression System

Fax order to customer services on: **0845 122 3450**
Email order to customer services on: **compression.uk@jobst.com**

Date:_____Purchase Order No.:_____Patient Name:_____DoB:_____

Measured By:_____Tel:_____Email:_____

Delivery Address:_____Invoice Address:_____



Available on FP10 / GP10 Prescription.
Available on Drug Tariff.

Please ask your patient to present this form to their prescriber to obtain the hosiery on prescription.

☐ **JOBST® UlcerCARE™ Stocking and Liner Pack**

Each pack contains one stocking and two liners

Choose your size

☐ Small☐ Medium☐ Large

☐ X Large☐ 2X Large☐ 3X Large

☐ 4X Large

Choose your outer stocking colour

☐ Beige

☐ Black

Choose your zip style

☐ No zip

☐ Zip left

☐ Zip right

☐ **JOBST® UlcerCARE™ Replacement Liner**

Each pack contains three liners

Choose your size

☐ Small☐ Medium☐ Large

☐ X Large☐ 2X Large☐ 3X Large

☐ 4X Large

PIP Code: -

Code: -

Quantity Required:

Repeat prescription required every months

Leg Measurements

	Size	
	Small	18 - 21cm
	Medium	21 - 24cm
	Large	24 - 27cm
	Extra Large	27 - 30cm
	2X Large	30 - 33cm
	3X Large	33 - 36cm
	4X Large	36 - 39cm

	Size	
	Small	29 - 35cm
	Medium	34 - 41cm
	Large	40 - 47cm
	Extra Large	46 - 54cm
	2X Large	48 - 56cm
	3X Large	50 - 58cm
	4X Large	52 - 60cm

JOBST® UlcerCARE™

Custom-fit Compression System. Made-to-measure for leg shapes that fall outside of the ready-to-wear sizing

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Email order to customer services on: **compression.uk@jobst.com**

Date:_____Purchase Order No.:_____Patient Name:_____DoB:_____

Measured By:_____Tel:_____Email:_____

Delivery Address:_____Invoice Address:_____



Available via Direct Purchase.
Available on Drug Tariff.

☐ Knee high (AD) liner*

<input type="checkbox"/> Left	<input type="checkbox"/> Right
Quantity <input type="text"/>	Quantity <input type="text"/>
Colour <input type="checkbox"/> Caramel <input type="checkbox"/> Black	Colour <input type="checkbox"/> Caramel <input type="checkbox"/> Black

Liners are packed in boxes of 2.
Please order in multiples of 2.

☐ Knee high (AD) with zipper*

<input type="checkbox"/> Left	<input type="checkbox"/> Right
Quantity <input type="text"/>	Quantity <input type="text"/>
Colour <input type="checkbox"/> Caramel <input type="checkbox"/> Black	Colour <input type="checkbox"/> Caramel <input type="checkbox"/> Black
Zipper <input type="checkbox"/> Inside (medial) or <input type="checkbox"/> Outside (lateral) or <input type="checkbox"/> Anterior (front) or <input type="checkbox"/> None	Zipper <input type="checkbox"/> Inside (medial) or <input type="checkbox"/> Outside (lateral) or <input type="checkbox"/> Anterior (front) or <input type="checkbox"/> None

Measuring Instructions:
Maximum circumference for the liner stocking:
cB 36cm and cC 60cm.

Left Leg

Length Measurements (cms)

Circumference Measurements (cms)

a-D _____

a-C _____

a-B¹ _____

a-B _____

D _____

C _____

B¹ _____

B _____

Y _____

A _____

Right Leg

Circumference Measurements (cms)

Length Measurements (cms)

D _____

C _____

B¹ _____

B _____

Y _____

A _____

a-D _____

a-C _____

a-B¹ _____

a-B _____

Foot Styles

☐ Open toe☐ Closed toe

☐ Slant foot☐ Straight foot

(applicable length measurements required)

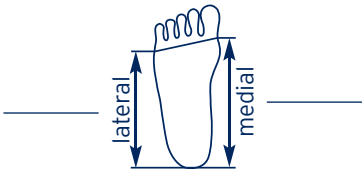
Foot Length

For open toe _____

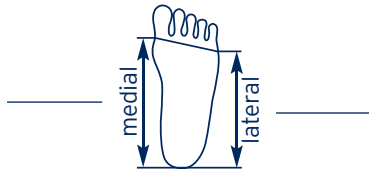
For closed toe _____

(longest toe)

Left Foot Slant



Right Foot Slant



Note: medial = inside
lateral = outside

*Combined nominal compression for zipper stocking and liner of 40mmHg at the ankle.