

# JOBST® Ready-to-Wear Lower Limb Compression Garment

Prescription request

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: \_\_\_\_\_  
 \_\_\_\_\_



## Garments Options

Description	Available options							Colour
	Knee high	Thigh high with options of silicone top bands	Tights	Open toe	CCL 1	CCL 2	CCL 3	
JOBST® UltraSheer	✓	✓	✓	✓	✓	✓		Natural, Caramel*, Bronze*, Espresso* Anthracite, Black
JOBST® Opaque	✓	✓	✓	✓	✓	✓		Natural, Caramel, Bronze, Navy, Black
JOBST® forMen Ambition	✓				✓	✓		Black, Dark grey, Brown, Navy, Khaki
JOBST® forMen Explore	✓				✓	✓		Black, Dark grey, Navy, Khaki

All available on Drug Tariff.

\*closed toe only

Please use instructions and measurement charts on the reverse of this sheet to select size.

## Prescription Request

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

Date: \_\_\_\_\_ Clinic name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_ Measured by: \_\_\_\_\_  
 \_\_\_\_\_

Please **tick** or write as appropriate:

**Brand:**  JOBST® UltraSheer  JOBST® Opaque  
 JOBST® forMen Ambition  JOBST® forMen Explore

**Style:**  Knee high  Thigh high  Tights

**Colour:** \_\_\_\_\_

**Top band option for thigh high:**  Sensitive  Dotted  Lace

**Toe option:**  Open toe  Closed toe NB JOBST® forMen is always closed toe and below knee

**Size:** \_\_\_\_\_

**Length:** \_\_\_\_\_

**Compression class:** \_\_\_\_\_

**I would like to request JOBST®** brand / style / colour / toe option / size / length / compression class \_\_\_\_\_

PIP Code:  -   
 Code:  -   
 Quantity Required:  Repeat prescription required every  months

# JOBST® Ready-to-Wear Measuring Information

How to use the measuring chart

**Step 1**  
Measure the points on the diagram below and write the measurements in the column provided.

Example:

VI	Measurements
iO-68	46
i9-81	58

**Step 2**  
Look along the row and circle the number ranges that your measurement fits into. This will probably be more than one column.

Example: If cA measurement is 22cm

cG silicone band wide	49-57	53-62	57-67
cG	43-57	45-62	49-67
cF	39-52	41-56	44-60
cE	30-37	33-40	35-43
cD	27-33	29-36	32-39
cC	28-34	30-37	33-40
cb1	23-27	24-29	26-32
cb	18-20	20-22	22-24
cY	26-31	28-33	29-35
cA	(17-22)	(19-24)	(21-26)

**Step 3**  
Use the circling process for the remaining measuring points up the limb.

Example:  
cA 22cm  
cY 33cm  
cB 23cm

point	I	II	III	IV	V
cG silicone band	43-48	45-52	49-56	53-60	56-64
cG silicone band wide	49-57	53-62	57-67	61-72	65-77
cG	43-57	45-62	49-67	53-72	56-77
cF	39-52	41-56	44-60	47-65	50-69
cE	30-37	33-40	35-43	37-45	39-48
cD	27-33	29-36	32-39	34-42	36-45
cC	28-34	30-37	33-40	35-43	37-46
cb1	23-27	24-29	26-32	29-35	31-37
cb	18-20	20-22	22-24	24-26	26-28
cY	26-31	28-33	29-35	31-37	32-38
cA	(17-22)	(19-24)	(21-26)	23-29	25-

**Step 4**  
At completion, you will see a line of best fit in one column. There is a number at the top of this column, this is your size.

Example:

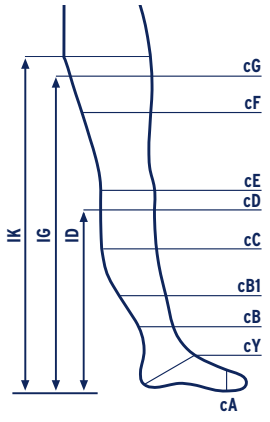
I	II	III	IV	V	VI	Measure
48	45-52	49-56	53-60	56-64	60-68	
57	53-62	57-67	61-72	65-77	69-81	
57	45-62	49-67	53-72	56-77	60-81	
52	41-56	44-60	47-65	50-69	53-73	
37	33-40	35-43	37-45	39-48	41-51	
33	(29-36)	(32-39)	(34-42)	36-45	38-48	34
34	(30-37)	(33-40)	(35-43)	37-46	39-49	35
27	(24-29)	(26-32)	(29-35)	31-37	33-39	29
20	(20-22)	(22-24)	24-26	26-28	28-30	23
31	(26-33)	(28-33)	(31-37)	(32-38)	33-40	33
22	(19-24)	(21-26)	23-29	25-32	27-34	22

**Step 5**  
Take a length measurement, choose the appropriate length measurement under the chart.

Please note, the most important measurements to take are cB, cC and cD, but taking other measurements is likely to identify the best fitting size. Some patients may fit into more than one size, use clinical judgement to select. If there is no clear line of best fit, this patient may need a made to measure flat-knit garment.

## JOBST® UltraSheer / JOBST® Opaque

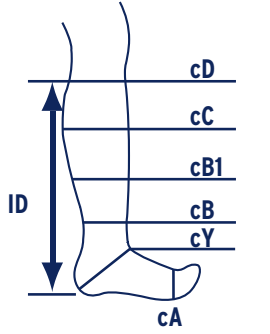
For below knee garments, measurement above cD is not required.



Measurement point	RAL Compression classes 1 (18-21mmHg) and 2 (23-32mmHg)						Measurements
	I	II	III	IV	V	VI	
cG silicone band	43-48	45-52	49-56	53-60	56-64	60-68	
cG silicone band wide	49-57	53-62	57-67	61-72	65-77	69-81	
cG	43-57	45-62	49-67	53-72	56-77	60-81	
cF	39-52	41-56	44-60	47-65	50-69	53-73	
cE	30-37	33-40	35-43	37-45	39-48	41-51	
cD	27-33	29-36	32-39	34-42	36-45	38-48	
cC	28-34	30-37	33-40	35-43	37-46	39-49	
cb1	23-27	24-29	26-32	29-35	31-37	33-39	
cb	18-20	20-22	22-24	24-26	26-28	28-30	
cY	26-31	28-33	29-35	31-37	32-38	33-40	
cA	17-22	19-24	21-26	23-29	25-32	27-34	
Length							

**Length measurements in cm:**  
AD: ID petite 34-39, ID regular 39-45 AG: IG petite 60-69, IG regular 70-80 AT/AG-T: IK petite 65-75, IK regular 75-85

## JOBST® forMen Ambition / JOBST® forMen Explore



Measurement point	RAL Compression classes 1 (18-21mmHg) and 2 (23-32mmHg)						Measurements
	1	2	3	4	5	6	
cD	28-34	31-38	34-41	37-46	40-49	42-52	
cC	30-36	32-40	34-43	38-47	40-50	43-53	
cb1	23.5-27.5	26-30.5	28.5-33	31-36.5	33.5-39	35.5-41.5	
cb	18-20	20-22	22-24	24-26	26-28	28-30	
cY	26-31	28-33	29-35	31-37	32-38	33-40	
cA	17-22	19-24	21-26	23-29	25-32	27-34	
Length							

**Length measurements in cm:** regular 39 - 45cm, long 45 - 51cm

**Prescription request**  
If requesting a prescription please complete order form and return to the prescriber. The codes for specific products can be found on this form

By completing this order form, you are confirming that you are aware of your obligation to obtain informed written consent from the patient on the processing of their data for the production of their JOBST® compression garment in accordance with the General Data Protection Regulation. For more information and our Privacy Policy, visit [www.bsnmedical.co.uk](http://www.bsnmedical.co.uk)