

JOBST® Relax Custom-Fit Order Form

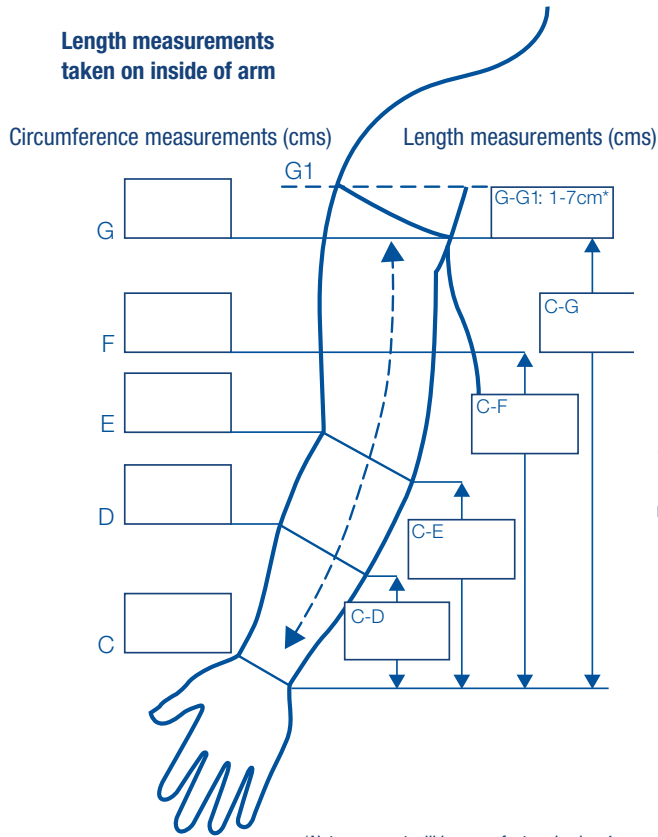
FAX ORDER TO CUSTOMER SERVICES ON:
0845 122 3450

Date: _____ Purchase Order No.: _____ Patient Name: _____ DoB: _____
 Measured By: _____ Tel: _____ Email: _____
 Delivery Address: _____ Invoice Address: _____

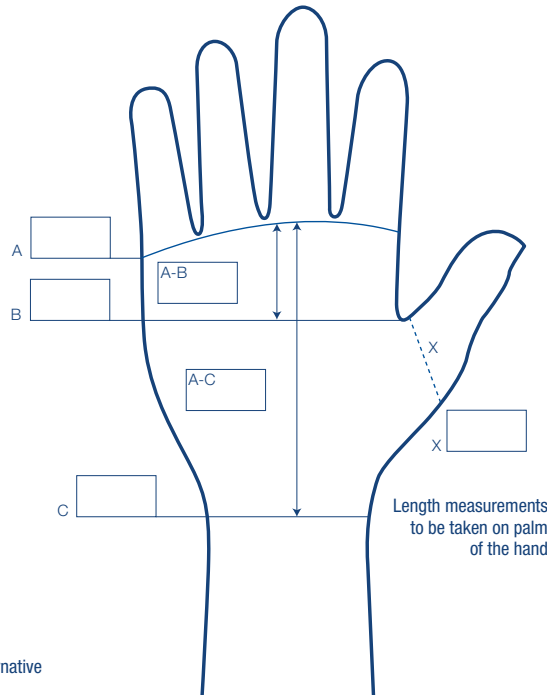
Quantity		Style	Options	Colour
Compression Class	Left			
CCL 1 (15-20mmHg)		<input type="checkbox"/> CG1 Armsleeve (wrist to axilla) <input type="checkbox"/> AG1 Armsleeve with gauntlet	<input type="checkbox"/> Zipper <input checked="" type="checkbox"/> Bias top	<input type="checkbox"/> Beige <input type="checkbox"/> Rose

Quantity		Style	Options	Colour
Compression Class	Left			
CCL 1 (15-20mmHg)		<input type="checkbox"/> AD Knee high <input type="checkbox"/> AG Thigh high	<input type="checkbox"/> Zipper <input checked="" type="checkbox"/> Open toe <input checked="" type="checkbox"/> Straight foot	<input type="checkbox"/> Beige <input type="checkbox"/> Rose
CCL 2 (20-30mmHg)				

Length measurements taken on inside of arm



*Note: garment will be manufactured using 4cm measurement for standard bias finish unless alternative measurement stated.



Lower Extremities

Left leg length measurements (cms)		Left leg circumference measurements (cms)		Right leg circumference measurements (cms)		Right leg length measurements (cms)	
G	_____	cG	_____	cG	_____	G	_____
F	_____	cF	_____	cF	_____	F	_____
E	_____	cE	_____	cE	_____	E	_____
D	_____	cD	_____	cD	_____	D	_____
C	_____	cC	_____	cC	_____	C	_____
B1	_____	cB1	_____	cB1	_____	B1	_____
B	_____	cB	_____	cB	_____	B	_____
		cY	_____	cY	_____		
		cA	_____	cA	_____		

Length A _____