



Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

BSN medical Inc.

JOBST Custom™ Seamed

CUSTOM-MADE VASCULAR GARMENTS ORDER FORM

<p>1</p> <p><input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER</p> <p>HOT-LINE: <input type="checkbox"/> YES</p>	<p>2</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>3</p> <p>SEVERITY <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE</p>	<p>4</p> <p>DIAGNOSIS: Please Check Appropriate Box(es)</p> <table border="0"> <tr> <td><input type="checkbox"/> Edema</td> <td><input type="checkbox"/> Venous Ulcer</td> </tr> <tr> <td><input type="checkbox"/> Lymphedema</td> <td><input type="checkbox"/> Varicose Veins</td> </tr> <tr> <td><input type="checkbox"/> Orthostatic Hypotension</td> <td><input type="checkbox"/> Venous Insufficiency</td> </tr> <tr> <td><input type="checkbox"/> Thrombotic Syndrome</td> <td><input type="checkbox"/> Arterial Insufficiency*</td> </tr> <tr> <td><input type="checkbox"/> Sclerotherapy/ Vein Ligation</td> <td><small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</small></td> </tr> <tr> <td><input type="checkbox"/> Other: List _____</td> <td>_____ mmHg</td> </tr> </table> <p>5</p> <p>PRESCRIBED PRESSURE: _____</p>	<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer	<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency	<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Arterial Insufficiency*	<input type="checkbox"/> Sclerotherapy/ Vein Ligation	<small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</small>	<input type="checkbox"/> Other: List _____	_____ mmHg
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THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY

