



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

**JOBST® Custom Seamless Soft and Custom Bellavar® Order Form**



**All measurements must be recorded in centimeters.**

QUANTITY	Left	Right	Pair	Panty
Seamless Soft 15-20 mmHg*(CCL 1)				
Seamless Soft 20-30 mmHg*(CCL 2)				
Seamless Soft 30-40 mmHg*(CCL 3)				
Bellavar® 20-30 mmHg*(CCL 2)				
Bellavar® 30-40 mmHg*(CCL 3)				

\* Design Pressure

**BAND OPTIONS (Knee High)**

- 2.5 cm Dotted Silicone
- 5 cm Dotted Silicone

**BAND OPTIONS (Thigh High)**

- No Silicone (knit-welt)
- 5 cm Plain Dotted Silicon Band
- 6 cm Lace Silicone Band
- 6 cm Soft Silicone Band\*\*

**BAND OPTIONS (Waist High)**

- Regular adjustable Waistband
- 2.5 cm Waistband\*\*
- 5 cm Waistband\*\*

**COLOR OPTIONS**

- Sand
  - Sun Bronze
  - Latte\*\*
  - Navy\*\*
  - Black
- \*\* not available for Bellavar

**FOOT OPTIONS**

- Closed toe
- Open toe
- Short Foot (closed)

Comments:

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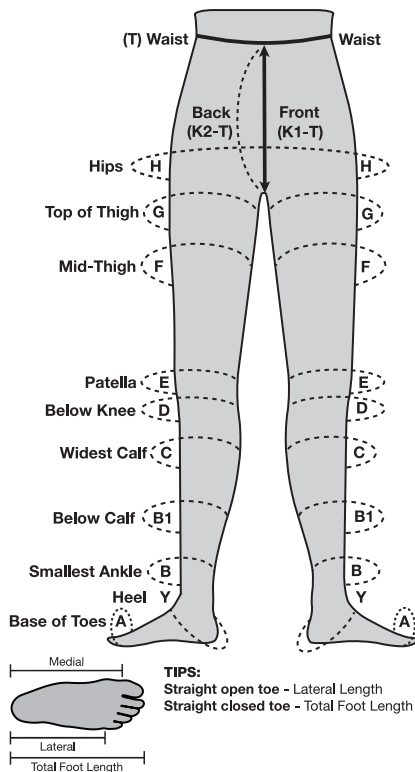
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**STYLES**

- AD** Knee High
- AG** Thigh High
- AGT** Chaps
- AT** Pantyhose
- AT-1Leg** One-Leg Pantyhose

**PANTY STYLES**

- Regular
- Maternity
- Full Compression
- Fly for Men
- Open Pubis



CIRCUM. (c)	LENGTH (l)	LENGTH (l)
cT	K2-T	lT
cH	K1-T	lH
CIRCUMFERENCE (c)		LENGTH (l)
Left	Right	
cG		lG
cF		lF
cE		lE
cD		lD
cC		lC
cB1		lB1
cB		lB
cY		lA (open toe)
cA		lA (closed toe)