



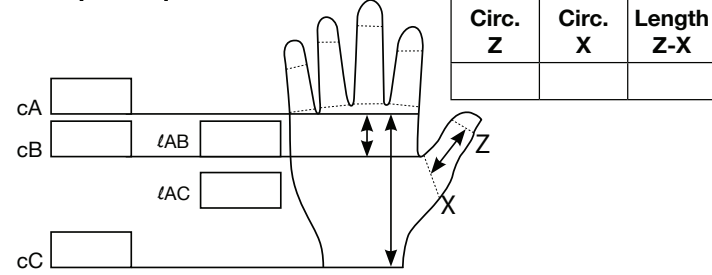
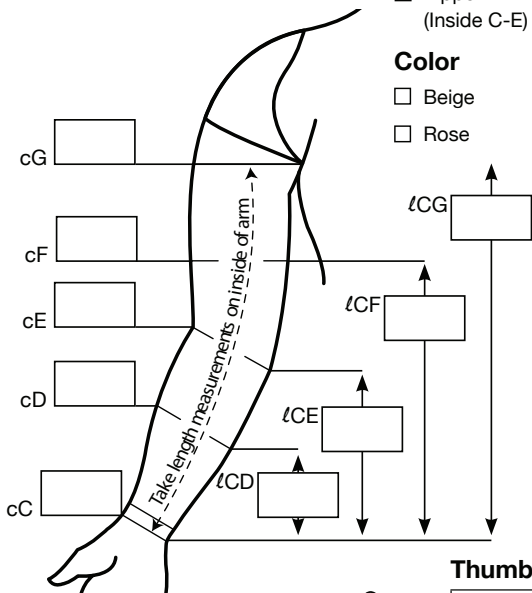
**Patient Last Name:** \_\_\_\_\_ **Patient First Name:** \_\_\_\_\_  
**Fitter Last Name:** \_\_\_\_\_ **Fitter First Name:** \_\_\_\_\_  
**Fitter Title:** \_\_\_\_\_ **(example: PT/OT/PTA)**  
**Date:** \_\_\_\_\_

# JOBST® Relax Order Form

## Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

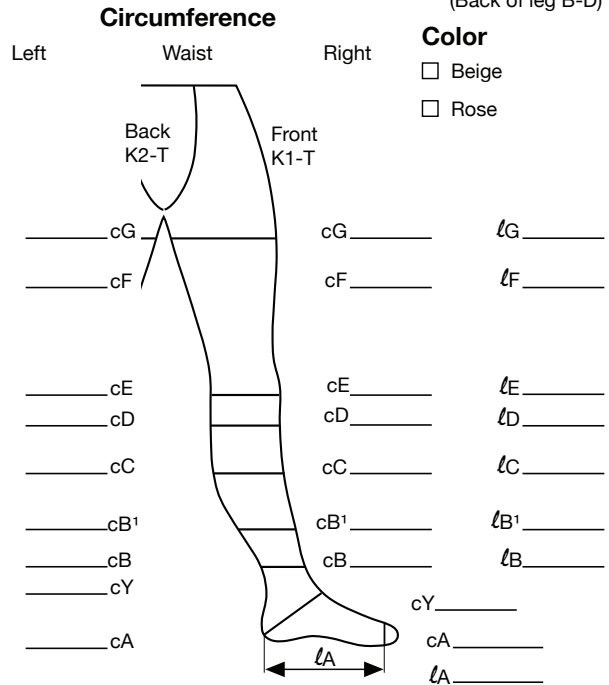
- Style**
- C-GI
  - A - GI gauntlet
- Options**
- Zipper  
(Inside C-E)
- Color**
- Beige
  - Rose



## Lower Extremities

Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

- Basic styles**
- Knee High
  - Thigh High
- Options**
- Zipper  
(Back of leg B-D)
- Color**
- Beige
  - Rose



**THIS IS FOR THE INTENDED USE OF LUNA MEDICAL ONLY**