



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



JOBST CONFIDENCE LOWER EXTREMITY MEASUREMENT FORM

Color	Styles	Quantity/Class	CCL1 (18-21mmHg [†])	CCL2 (23-32mmHg [†])	CCL3 (34-46mmHg [†])
☐ Beige ☐ Anthracite Heather ☐ Black ☐ Jeans Heather ☐ Caramel ☐ Red Heather	☐ AD Knee ☐ AB1 Sock ☐ CT Capri ☐ AG Thigh ☐ BT Capri ☐ ET Bermuda ☐ AT Panty ☐ B1T Capri ☐ AG-HT 1 Leg Panty	Left Right			

AD Band Options	AG Band Options	Measuring Guidelines
☐ Without Silicone ☐ SoftFit Band AD NOTE: this is a 5cm band	☐ 5cm Dotted Band With Lateral Rise (Standard)	(Only applicable for Confidence) See box below for applicable tension at each landmark. 0 no tension + light tension ++ heavy tension

Options	Circum. (c)	Length (l)	Length (l)
☐ Lateral Rise =10%of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)* ☐ Men's style ☐ with fly ☐ without fly ☐ Floral Waistband Women 5cm ☐ Elastic Waistband Women 5cm ☐ Elastic Waistband Men 4cm ☐ Decorative Line (Front of garment) ☐ Patient Initials Max 2 letters (A-Z) ☐ Ankle Comfort Zone ☐ Knee Comfort Zone ☐ Hallux Valgus (slant toe option only)	cT ⁰	ITT	IT
	cH ⁰	IK3	IH
	Circumference (c)	Length (l): Taken from each landmark to floor	
	Left	Right	AT leg lengths and CCL must be equal.
			IK
	cG ^{++/+**}		IG
	cF ⁺⁺		IF
	cE1 ^Δ		IE1
	cE ⁺		IE
	cD ^{+/0***}		ID
cC ⁺⁺		IC	
cB1 ⁺⁺		IB1	
cB ⁺		IB	
cY ⁰			
cA ^{+ΔΔ}			

* only available in AD and AG
 † design pressure
 Δ cE1 for Bermuda only, measure 4cm above kneecap
 ** silicone band & straight ending
 †† n/a Hallux Valgus
 *** if silicone band
 ΔΔ if patient is standing

- ☐ Straight Open Toe Length^{††}
 Lateral IA _____ cm
☐ Straight Closed Toe Length^{††}
 Total Foot IZ _____ cm
☐ Slant Open Toe Length
 Medial IA _____ cm
 Lateral IA _____ cm
☐ Slant Closed Toe Length
 Medial IA _____ cm
 Lateral IA _____ cm
 Total Foot IZ _____ cm

