



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

JOBST Custom™ Seamed

CUSTOM-MADE VASCULAR GARMENTS ORDER FORM

1 DATE: _____ <input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER HOT-LINE: <input type="checkbox"/> YES	2 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE 3 SEVERITY <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE	4 DIAGNOSIS: Please Check Appropriate Box(es) <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>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</td></tr><tr><td><input type="checkbox"/> Other: List _____</td><td>_____ mmHg</td></tr></table>	<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	*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:	<input type="checkbox"/> Other: List _____	_____ mmHg	5 PRESCRIBED PRESSURE: _____
<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	*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:														
<input type="checkbox"/> Other: List _____	_____ mmHg														
6 BSN medical File Number _____ PATIENT NAME or ID# _____ Date of Birth _____ / ____ / ____ <small>Last Name First Month Year</small> Optional Address _____ Phone # () _____															
7 PRESCRIBER _____ Phone # _____ Address _____ Specialty _____															
8 DEALER / CLINIC / HOSPITAL _____ Phone # () _____ Acct. # _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____															
9 SHIP TO _____ Acct. # _____ Address _____ Attention _____															
10 BILL TO _____ Acct. # _____ Address _____ <input type="checkbox"/> Prepaid _____ Same as 9 <input type="checkbox"/> <input type="checkbox"/> Invoice _____ Attention _____ P.O. No. _____															
11 <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX Expiration Date _____ Auth.# _____ Card Number _____ Card Name _____															

Federal Law (USA) restricts the device to the sale by or on the order of a physician.



Patient Last Name: _____ Patient First Name: _____
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CUSTOM SEAMED – ARM

PATIENT'S NAME or ID # (if Faxing Order) _____

12	STYLES / OPTIONS			
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100505	Delachable Gauntlet (metacarpals to wrist)			
100515	Half Sleeve (wrist to elbow)			
100516	Half Sleeve & Gauntlet (metacarpals to elbow)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve and Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
	OPTIONS			
101164	Zippers (see box 14)			
101167	Lining Inside Elbow			
101168	Lining Full Elbow			
101172	Adjustable Shoulder Flap (see box 15)			
100176	Contracture Seam			
101118	1" Silicone Band			
100160	2" Silicone Band			
100150	Beige			
100158	Black			

Standard length zipper is full length. If shorter zipper is desired, please indicate length from wrist.

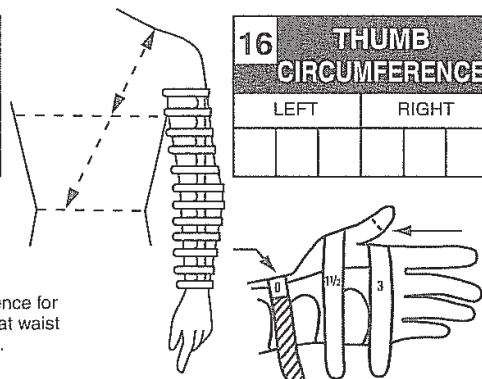
14	ZIPPER OPTIONS			
	LOCATION		LENGTH	
	MARK (✓)		IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (radial) (outside) ASPECT (standard)				
MEDIAL (ulnar) (inside) ASPECT				
POSTERIOR (back of hand)				
ANTERIOR (palm of hand)				

15	SHOULDER FLAP	
	LEFT	RIGHT

Length diagonally from top of shoulder to waist or below breast.

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Give circumference for adjustable flap at waist or below breast.



13	ARM CIRCUMFERENCES							
PLEATS	LEFT		TAPE#	RIGHT		PLEATS		
			-6					
			-4½					
			-3					
			-1½					
			WRIST 0					
			+1½					
			+3					
			+4½					
			+6					
			+7½					
			ELBOW 9					
			+10½					
			+12					
			+13½					
			+15					
			+16½					
			+18					
			+19½					

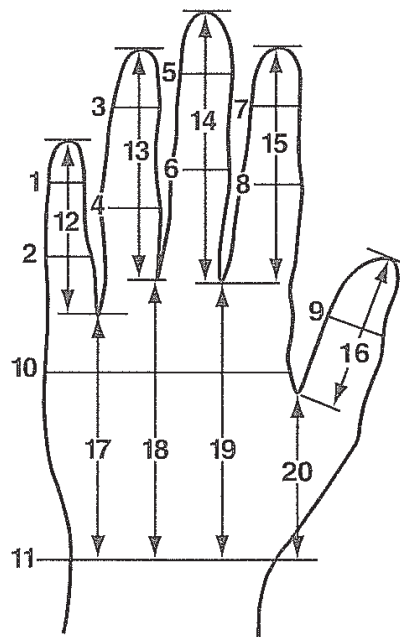


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Date: _____

CUSTOM SEAMED – HAND

PATIENT'S NAME or ID # (if Faxing Order) _____

17	STYLES / OPTIONS			
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100535	Glove to Wrist			
100534	Glove to Elbow			
100536	Interdigital Web Spacer (to be worn over glove)			
100537	Mitten			
	OPTIONS			
101164	Zipper (see box 19)			
101169	Slant Inserts			
100027	Pocket for Padding			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			



Should be taken from outline drawings unless fingers are contracted.

18	LENGTHS (HAND OUTLINE REQUIRED)									
For Open Tip, give finished length desired		✓ IF OPEN	LEFT*			RIGHT*			✓ IF OPEN	
Little finger to web between little finger and ring finger	12									
Ring finger to web between ring and middle fingers	13									
Middle finger to web between middle and index fingers	14									
Index finger and web between middle and index fingers	15									
Thumb to thumb web	16									
Wrist to web between little and ring fingers	17									
Wrist to web between middle and ring fingers	18									
Wrist to web between index and middle fingers	19									
Wrist to thumb web	20									

19	ZIPPER LOCATION (mark ✓)	
	LEFT	RIGHT
Dorsal (posterior)		
Ulnar (little finger) (standard)		
Palmar (anterior)		

20	CIRCUMFERENCES			
		LEFT*		RIGHT*
Little finger DIP	1			
Little finger PIP	2			
Ring finger DIP	3			
Ring finger PIP	4			
Middle finger DIP	5			
Middle finger PIP	6			
Index finger DIP	7			
Index finger PIP	8			
Thumb	9			
Palm	10			
Wrist	11			
1½" beyond Wrist				
3" beyond Wrist				