



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

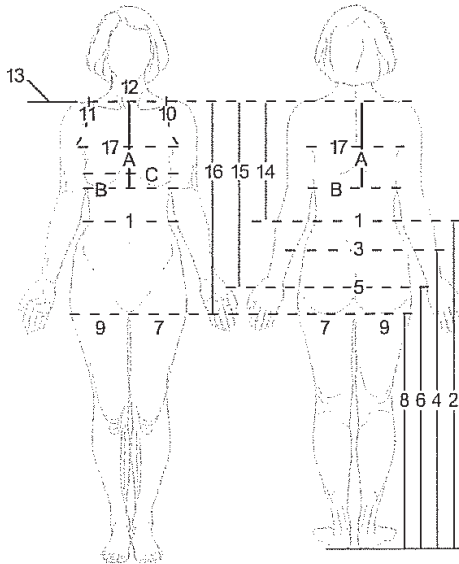
<b>1</b> DATE: _____ <input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER  HOT-LINE: <input type="checkbox"/> YES	<b>2</b> <b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  <b>3</b> <b>SEVERITY</b> <input type="checkbox"/> MILD <input type="checkbox"/>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



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## CUSTOM SEAMED – TORSO / HEAD



21 STYLES			
CAT. NO.	STYLES	QTY.	PRICE EACH
100525	Sleeveless Vest 1, 10-14, 17		
100524	Vest - 1 Long Sleeve and 1 Short Sleeve 1, 10-14, 17 +arm(s)		
100526	Vest - 2 Short Sleeves 1, 10-14, 17 +arm(s)		
100527	Vest - 2 Long Sleeves 1, 10-14, 17 +arm(s)		
100530	Sleeveless Body Brief 1, 5, 7, 9-17		
100531	Body Brief with Sleeves 1, 5, 7, 9-17 + arm(s)		
100558	Sleeveless Body Suit 1, 5, 7, 9-17 + leg(s)		
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & leg(s)		
101163	Velcro® Tabs		
101118	1" Silicone Elastic (Beaded Dot Silicone band)		
100160	2" Silicone Elastic (Beaded Dot Silicone band)		
100150	Beige		
100158	Black		

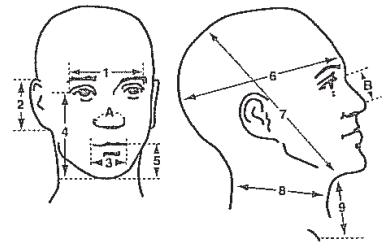
*If arm or leg measurements are required go to arm or lower extremity section(s).*

### 22 TORSO / BODY MEASUREMENTS

	CIRCUM	HEIGHT		
Desired Top of Support				
Waist	1	2		
Midpoint Between 1 & 5	3	4		
Largest Part of Buttocks	5	6		
Proximal Thigh Left (at fold of buttocks)	7	8		
Proximal Thigh Right (at fold of buttocks)	9	8		
Left Shoulder	10			
Right Shoulder	11			
Neck	12			
Shoulder Width		13		
Shoulder to Waist		14		
Shoulder to Largest Part of Buttocks		15		
Shoulder to Fold of Buttocks		16		
Chest	17			
Shoulder to Just Under Breast	A			
Circumference Just Under Breast	B			
Circumference Over Nipple Line	C			
Shoulder to End of Support				
Circumference at End of Support				

### 23 TORSO / BODY DESIGN CHOICES

	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Meshed Axilla LT RT	Self Axilla LT RT	V Neck	Turtleneck	Scoop Neck
(✓) If Yes										



### 24 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		

### 25 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
<b>OPTIONS</b>			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		