



Account Number: 4057807

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) <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>
5 PRESCRIBED PRESSURE: _____		
6 BSN medical File Number _____ PATIENT NAME or ID# _____ Date of Birth _____ / ____ / ____ <small>Last Name First Month Year</small> Address _____ <small>Optional</small> 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.



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CUSTOM SEAMED – ARM

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.

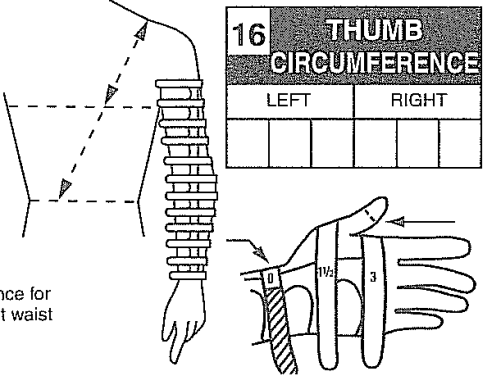
14 ZIPPER OPTIONS				
	LOCATION		LENGTH	
	MARK (✓)		IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (radial) (outside) ASPECT (standard)				
MEDIAL (ulnar) (inside) ASPECT				
POSTERIOR (back of hand)				
ANTERIOR (palm of hand)				

15 SHOULDER FLAP			
LEFT		RIGHT	

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

16 THUMB CIRCUMFERENCE			
LEFT		RIGHT	

Give circumference for adjustable flap at waist or below breast.



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

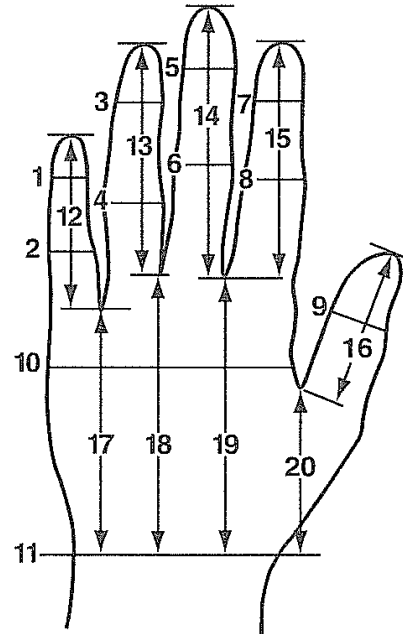


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CUSTOM SEAMED – HAND

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						

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			

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