



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: _____
2 GENDER: MALE FEMALE
3 SEVERITY: MILD MODERATE SEVERE
4 DIAGNOSIS: Edema, Lymphedema, Orthostatic Hypotension, Thrombotic Syndrome, Sclerotherapy/ Vein Ligation, Other: List _____ mmHg
5 PRESCRIBED PRESSURE: _____

6 PATIENT NAME or ID# _____ Date of Birth _____
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 _____
Prepaid _____ Same as 9 _____
Invoice _____
Attention _____ P.O. No. _____

11 VISA MC AMEX Expiration Date _____ Auth.# _____
Card Number _____ Card Name _____

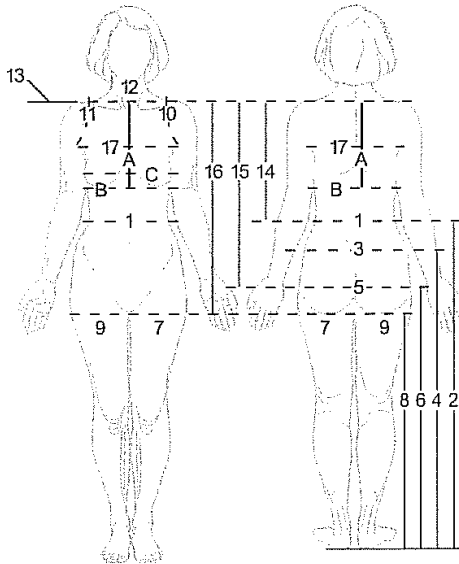
Federal Law (USA) restricts the device to the sale by or on the order of a physician.



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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		

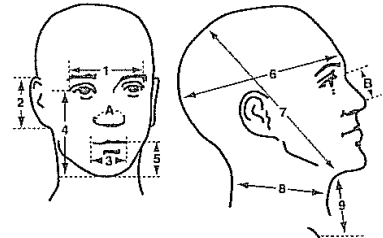
If arm or leg measurements are required go to arm or lower extremity section(s).

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)		
OPTIONS			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		