JOBST Confidence®

Confidence® Lower Extremity Order Form

Email: hms-elvarex-orders@essity.com
eShop: https://eshop.jobst-usa.com
Tel: (+1) 800-537-1063
Fax: (+1) 800-835-4325

Date:_____ Purchase Order #:_____ Patient Name: _____ DOB: _____

Fitter Name: _____ Fitter #: _____ Phone:_____

Bill To: _____ Ship To:_____

Billing Address:_____ Shipping Address:_____

☐ Last 4 digits of credit card on file OR Exp. _____

☐ New card - call to provide credit card # Billing Zip_____

Name on CC_____

Confirmation Fax # _____

Email_____

By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
Left			
Right			

Style

☐ AD Knee ☐ AB1 Sock ☐ CT Capri
☐ AG Thigh ☐ BT Capri ☐ ET Bermuda
☐ AT Panty ☐ B1T Capri ☐ AG-HT 1 Leg Panty

Color

☐ Beige ☐ Hazelnut *NEW!* ☐ Red Heather
☐ Black ☐ Cranberry *NEW!* ☐ Anthracite Heather
☐ Caramel ☐ Jeans Heather

AD Band Options

☐ Without Silicone
☐ SoftFit Band 5cm (AD only)

AG Band Options

☐ Dotted Band 5cm with Lateral Rise

Confidence Options

☐ Lateral Rise AD/AG (10% of cD/cG)
☐ Men's style
  ☐ with fly
  ☐ without fly
☐ Adjustable Knitted Waistband Women 5cm *NEW!*
☐ Floral Waistband Women 5cm
☐ Elastic Waistband Women 5cm
☐ Adjustable Knitted Waistband Men 4cm *NEW!*
☐ 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)

Seam Optional *NEW!*

☐ Gold ☐ Silver ☐ Multi Color

Motivational Print Options *NEW!*

5cm waistbands only

☐ Empower Yourself ☐ Feel Good ☐ Keep Moving

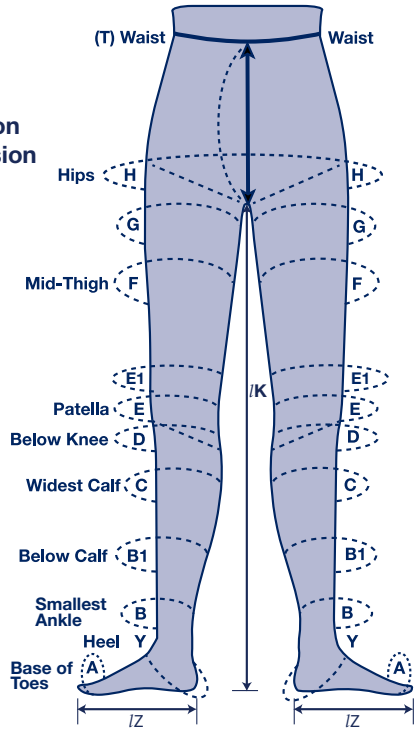
* design pressure

Circum. (c)	Length (l)	Length (l)
cT⁰	lTT	lT
cH⁰	lK3	lH

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		lK	
cG++/+**		lG	
cF++		lF	
cE1*		lE1	
cE+		lE	
cD+/0**		lD	
cC++		lC	
cB1++		lB1	
cB+		lB	
cY⁰		AT leg lengths and CCL must be equal.	
cA+			

Measuring Guidelines

0 no tension
+ light tension
++ heavy tension

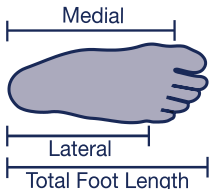


Foot Measurements for both

	Left	Right
Medial lA		
Lateral lA		
Total Foot lZ		

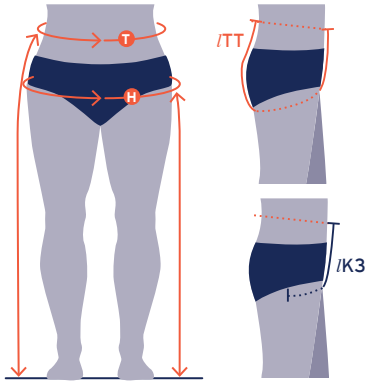
☐ Straight Open Toe ☐ Slant Open Toe
☐ Straight Closed Toe ☐ Slant Closed Toe

Chose one toe option



* cE1 for Bermuda only, measure 4cm above kneecap

** When selecting silicone band & straight ending



Signature: _____

JOBST® **Relax**

Relax Lower Extremity Order Form

Email: hms-elvarex-orders@essity.com
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Fax: (+1) 800-835-4325

Confidence Page 1 completion is required

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Fitter Name: _____ Fitter #: _____ Phone:_____

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Name on CC_____

Confirmation Fax # _____

Email_____

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REVOLUTIONARY NIGHTTIME COMPRESSION THERAPY

JOBST® Relax is a night compression garment that complements patients' recommended day-time lymphedema therapy. Designed to maintain edema reduction and counteract fluid accumulation at night, patients will feel the difference and sleep more easily thanks to its lightweight and breathable features.

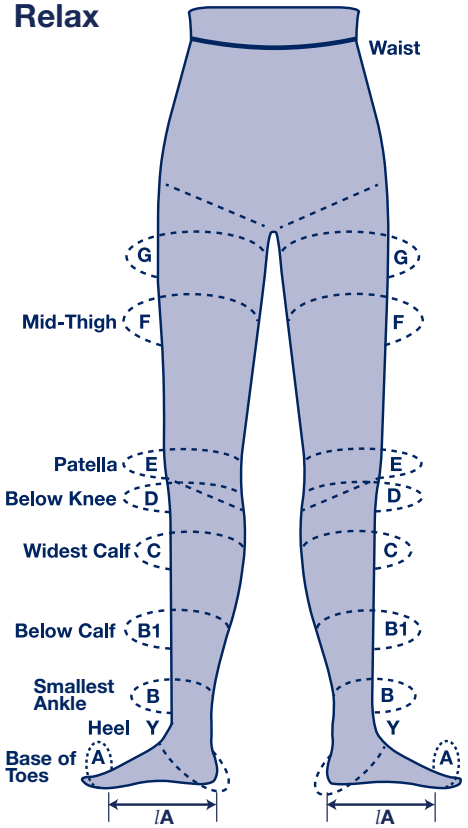
Color	**Style**	
☐ Beige ☐ Rose	☐ AD Knee ☐ Thigh High Straight OPEN toe only for Relax	
Quantity/Class	**CCL1** (15-20mmHg*)	**CCL2** (20-30mmHg*)
Left (AD and AG)		
Right (AD and AG)		

Additional measurements required for Relax

Circumference (*c*)	
Left	**Right**
*c***G**++***	
*c***F**++***	

***If needed, slightly more tension can be used

JOBST® **Relax**



Comments

Signature: _____

essity

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