



JOBST® Custom™ Seamed Order Form

1 DATE: _____ ☐ ORIGINAL ORDER ☐ REORDER ☐ QUOTE ONLY RUSH Order with charge: ☐ yes	3 DIAGNOSIS: Please Check Appropriate Box(es) <table style="width: 100%;"><tr><td>☐ Edema</td><td>☐ Venous Ulcer</td></tr><tr><td>☐ Lymphedema</td><td>☐ Varicose Veins</td></tr><tr><td>☐ Orthostatic Hypotension</td><td>☐ Venous Insufficiency</td></tr><tr><td>☐ Thrombotic Syndrome</td><td>☐ Arterial Insufficiency</td></tr><tr><td>☐ Sclerotherapy/ Vein Ligation</td><td></td></tr><tr><td>☐ Other: List _____</td><td></td></tr></table>	☐ Edema	☐ Venous Ulcer	☐ Lymphedema	☐ Varicose Veins	☐ Orthostatic Hypotension	☐ Venous Insufficiency	☐ Thrombotic Syndrome	☐ Arterial Insufficiency	☐ Sclerotherapy/ Vein Ligation		☐ Other: List _____	
☐ Edema	☐ Venous Ulcer												
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☐ Other: List _____													
2 GENDER: ☐ MALE ☐ FEMALE	4 REQUIRED <table style="width: 100%;"><tr><td>☐ 15-20 mmHg</td><td>☐ 30-40 mmHg</td></tr><tr><td>☐ 20-30 mmHg</td><td>☐ 40-50 mmHg</td></tr><tr><td></td><td>☐ Other: _____</td></tr></table>	☐ 15-20 mmHg	☐ 30-40 mmHg	☐ 20-30 mmHg	☐ 40-50 mmHg		☐ Other: _____						
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	☐ Other: _____												
5 REQUIRED: Date of Birth _____ / _____ / _____ Month Year PATIENT NAME _____ Patient File Number _____ Last Name First Optional Address _____ _____ _____ Phone # () _____													
6 DEALER / CLINIC / PRESCRIBER / HOSPITAL _____ Phone # () _____ Facility Account # _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____													
7 SHIP TO _____ Facility Account # _____ Address _____ Cannot ship to a PO Box _____ _____ Attention _____													
8 BILL TO _____ Facility Account # _____ Address _____ ☐ Prepaid ☐ Same as ☐ ☐ ☐ Invoice Attention _____ P.O. No. _____													
9 ☐ VISA ☐ MC ☐ AMEX Expiration Date _____ Auth.# _____ Card Number _____ Card Name _____													

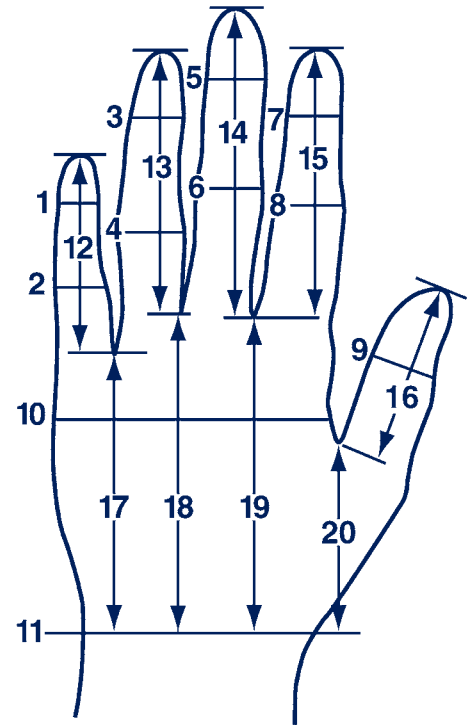
Federal Law (USA) restricts the device to the sale by or on the order of a physician.

CUSTOM SEAMED - HAND

PATIENT'S NAME and/or FILE # _____

22 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100532	Glove to Axilla			
100533	Glove to Axilla with Shoulder Flap			
100534	Glove to Elbow			
100535	Glove to Wrist			
100536	Interdigital Web Spacer (to be work over glove)			
100537	Mitten to Wrist			
Options				
101164	Zippers (see box 24)			
100027	Pocket			
101178	Lining Variation			
101169	Slant Inserts			
101167	Lining inside Elbow			
101168	Elbow lining (full)			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			

* Hand outlines must have a 1" vertical measurement on the paper



Length must be taken from outline drawings unless fingers are contracted.

*

23 LENGTHS (HAND OUTLINE REQUIRED)					
For Open Tip, mark finished length desired	✓ IF OPEN	LEFT		RIGHT	
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 index and middle finger 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					

24 ZIPPER OPTIONS (mark✓)		
	LEFT	RIGHT
DORSAL (posterior) ASPECT (standard)		
ULNAR (little finger)		
PALMAR (anterior)		

25 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					