



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 _____	
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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 Address _____ _____ _____ Optional 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 - LOWER EXTREMITIES

10 LEG CIRCUMFERENCE

PATIENT'S NAME and/or FILE # _____

LEFT	TAPE#	RIGHT
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	HEEL 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	+33	
	+34½	
	+36	

Pleats

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

11 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
100019	Leg Band (Knee or Thigh)				
100538	Foot Glove to Ankle Length				
100539	Foot Glove Extending to Knee Length				
Waist Height: See Box #22 for Body Measurements					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
101114	Waist Height / One Leg, Brief				
101119	Panty Girdle / Two Legs, Above Knee, Closed Pubis				
101111	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101122	Panty Girdle / Two Legs, Above Knee, Open Pubis				
101110	Panty Girdle / Two Legs, Below Knee, Open Pubis				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
Colors					
100150	Beige				
100158	Black				
Options					
101187	Reinforced Heel (per Leg)				
101188	Full Ankle Lining (including Heel) (per Leg)				
101186	Reinforced Knee				
100040	Lining Behind Knee (per Leg)				
101159	Self-material Enclosed Toe (see box 12)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 13)				
101108	Zipper Pull (Plastic)				
101178	Lining Variation				
100027	Pocket				
101117	2" Elastic				
100161	2" Custom Sensitive Silicone				
101121	Abdominal Pelvic Support				
101161	Reduced Pressure Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 ⅞")				
100031	Oversize Charge (60" to 69 ⅞")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
101176	Contracture Seam				
Stumps					
100039	Stump Support, One Stump and Panty				
100037	Chap Style, One Stump				
100038	Chap Style, Two Stump				

CUSTOM SEAMED - FOOT / TORSO

PATIENT'S NAME and/or FILE # _____

12 FOOT MEASUREMENTS

	LEFT		
	RIGHT		

13 ZIPPER OPTIONS

	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				
Zipper through top support	YES ☐	No ☐		

15 CIRCUMFERENCES

	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					
End of Support						
Shoulder to End of Support						
Circumference at End of Support						
Measurement for Bra Cups						
Shoulder to Just Under Breast	A					
Circumference Just Under Breast	B					
Circumference Over Nipple Line	C					

14 STYLES

CAT. NO.	STYLES	QTY.	PRICE EACH
100525	Sleeveless Vest 1, 10-14, 17		
100524	Vest 1 Long Sleeve 1, 10-14, 17 + arm(s) 1 Short Sleeve		
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 + <u>leg(s)</u>		
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & <u>leg(s)</u>		
101117	2" Elastic		
100161	2" Custom Sensitive Silicone		
100027	Pocket		
101178	Lining Variation		
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).

16 TORSO / BODY DESIGN CHOICES

	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Self Axilla LT RT	V Neck	Turtle-neck	Scoop Neck
✓ IF YES	☐	☐	☐	☐	☐	☐	☐	☐	☐

