Bellavar® and Custom Seamless Soft Order Form

Patient Name/ID Code or File # _____

Address _____

City/State/Zip _____

Date _____

TO ORDER:
https://order.jobst.com/us
Tel: (+1) 800-537-1063
Fax: (+1) 800-835-4325
Prescription Order Form 57021 must accompany this form.

Product / Brand	Quantity Left	Quantity Right	Sand	Black	Bronze	Caramel	Navy	Cranberry	Espresso	Sun Bronze
Seamless Soft 18-21 mmHg* (CCL 1)										
Seamless Soft 23-32 mmHg* (CCL 2)										
Seamless Soft 34-46 mmHg* (CCL 3)										
Bellavar® 23-32 mmHg* (CCL 2)										
Bellavar® 34-46 mmHg* (CCL 3)										

Basic Styles:

☐ AD ☐ AF ☐ AG ☐ AG-T ☐ AG-HT ☐ AT

Options:

☐ Closed Toe ☐ Open Toe ☐ Short Foot (closed)

Special Options:

AD
☐ No Silicone
☐ Silicone dotted band 5 cm
☐ Silicone dotted band 2.5 cm
☐ SoftFit™ (only in CCL1 & CCL2)***

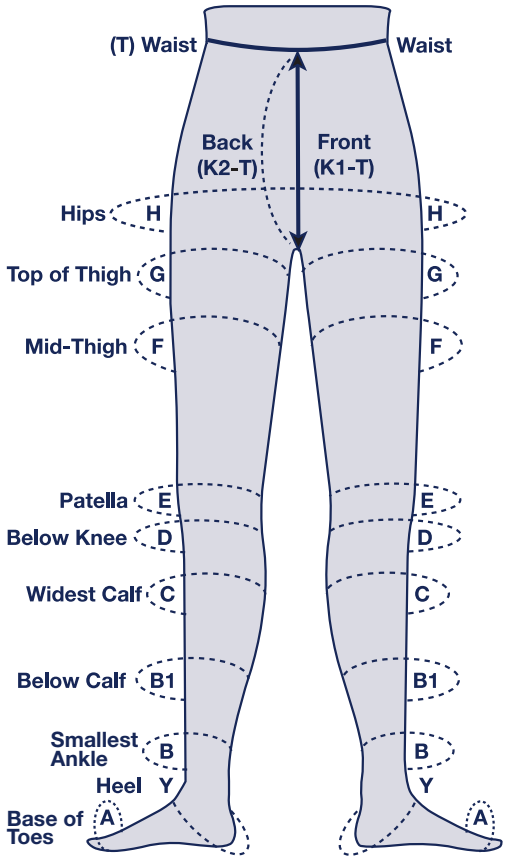
AF/AG
☐ No Silicone
☐ Silicone lace band 6 cm
☐ Silicone dotted band 5 cm
☐ Sensitive Band (Seamless Soft Only)

AT
☐ Maternity
☐ Full compression
☐ Waist band 2.5 cm**
☐ Open Pubis
☐ Fly for Men
☐ Regular Adjustable Waist band
☐ Waist band 5.0 cm**
☐ Mesh Crotch

Form 57021 must accompany this form.

Circum. (*c*)	Length (*l*)	Length (*l*)
*c*T	K2-T	*l*T
*c*H	K1-T	*l*H

Circumference (*c*)		Length (*l*): Taken from each landmark to floor	
Left	**Right**	**Left**	**Right**
*c*G		*l*G	
*c*F		*l*F	
*c*E		*l*E	
*c*D		*l*D	
*c*C		*l*C	
*c*B1		*l*B1	
*c*B		*l*B	
*c*Y		*l*Z (closed toe)	
*c*A		*l*A (open toe)	



Foot length open toe *l*A_____ Foot length closed toe *l*Z_____

(Not available in slant open or slant closed toe, only straight.)

Comments_____

_____

*Design Pressure **Not available in Full Compression or Bellavar® ***Not available in Bellavar®
Take measurements on edema-free extremities only. All measurements must be recorded in cm.

Arion and JOBST® donning aids ordering information on the back.

essity JOBST®, an Essity brand
BSN Medical Inc., an Essity company
5825 Carnegie Blvd. Charlotte, NC 28209-4633