Relax Order Form

TO ORDER:
https://eshop.jobst-usa.com
Email: HMS-Elvarex-Orders@essity.com
Phone: (+1) 800-537-1063
Fax: (+1) 800-835-4325

JOBST®

Patient Name / BSN File # _____ DOB _____
Address _____ Gender M ☐ F ☐
City/State/Zip _____
Diagnosis _____
Doctor / Address _____
City/State/Zip _____

PO#

Original Order ☐ Reorder w Changes ☐
Exact Reorder ☐
Schema #

Fitter Name _____ Fitter # _____ Fitter Phone _____
Fitter Facility _____ Fitter email _____

Ship To Acct # _____ Acct Name _____
Address _____ City _____ State _____ Zip _____
Email* _____ Phone _____ FAX _____
*By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from BSN in a non-encrypted manner.

Bill To Acct # _____ Acct Name _____
Address _____ City _____ State _____ Zip _____
Email _____ Phone _____ FAX _____

☐ Last 4 digits of credit card on file _____ OR ☐ New card - call to provide credit card #
Name on CC _____ Exp. _____ Billing Zip Code _____

Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

Style
☐ CG Armsleeve
☐ AG Armsleeve w/gauntlet

Color
☐ Beige
☐ Rose

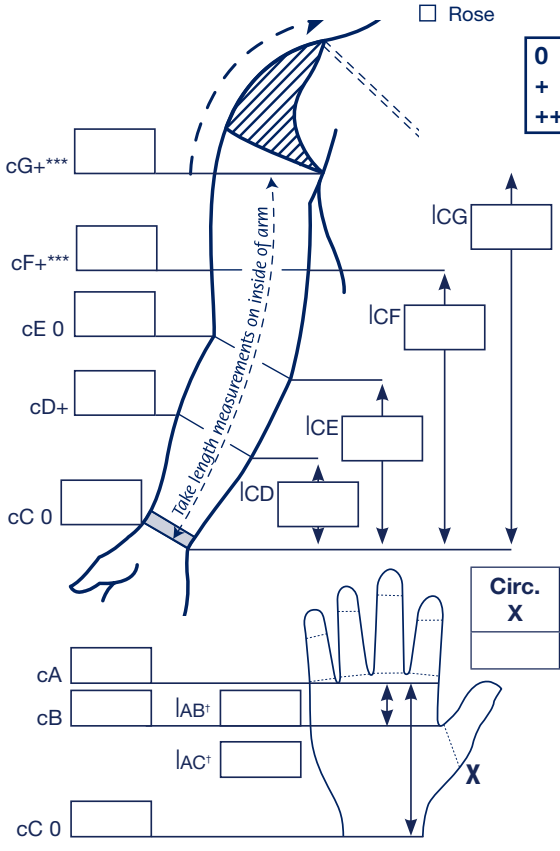
Lower Extremities

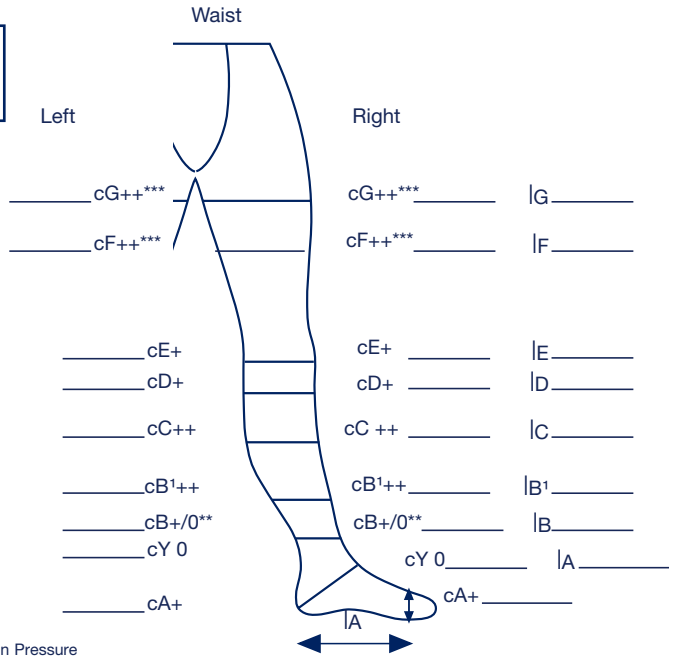
Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

Style
☐ Knee High
☐ Thigh High

Color
☐ Beige
☐ Rose

0 no tension
+ light tension
++ heavy tension





* Design Pressure
** If cB is <20cm, cB should be measured with 0 tension
*** If needed, slightly more tension can be used
† Add 1 cm to IAB and IAC

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

essity
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