

# JOBST® Elvarex®

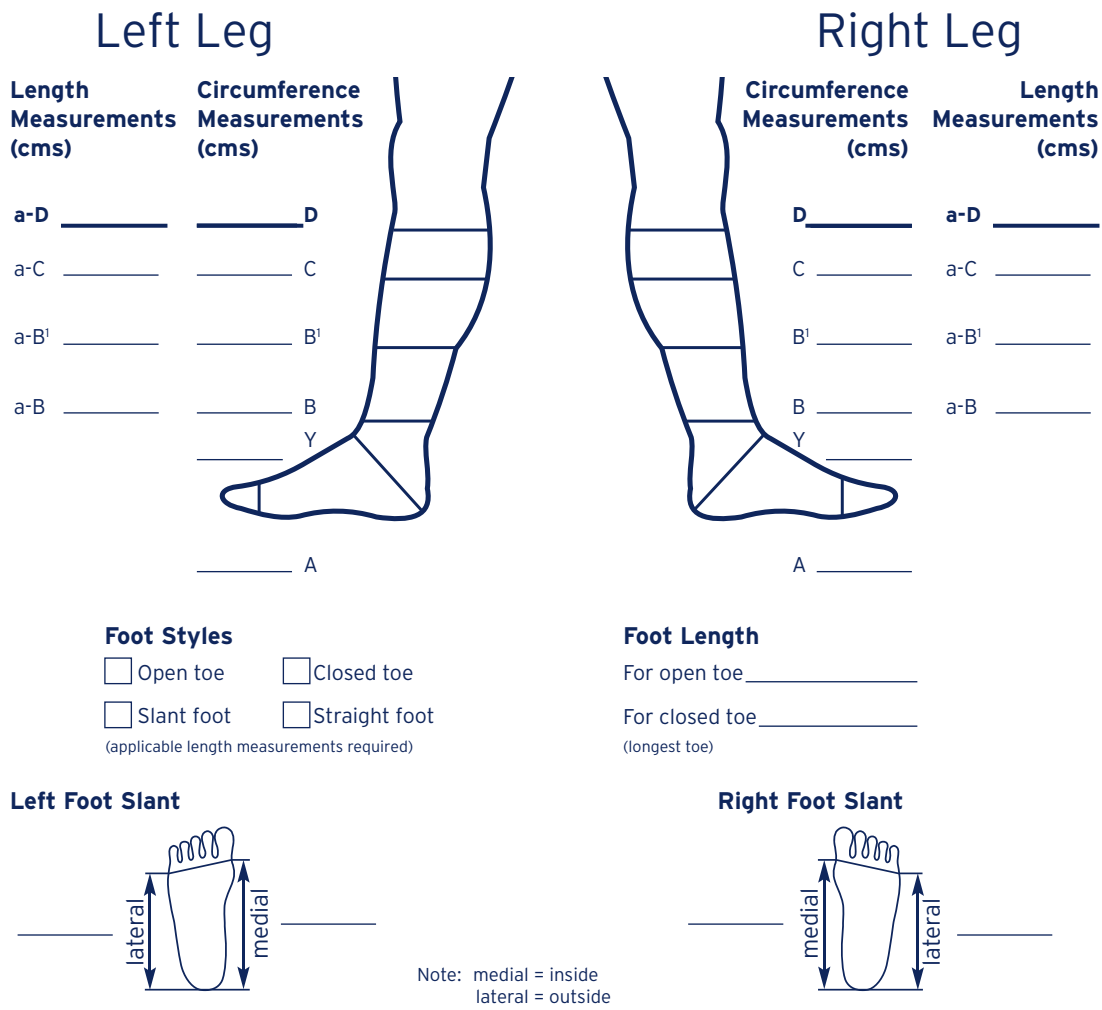
**Below Knee**  
Custom-Fit Order Form

Fax order to customer services on: **0845 122 3450**  
Email order to customer services on: **compression.uk@jobst.com**

Date: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DoB: \_\_\_\_\_  
 Measured By: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
 Delivery Address: \_\_\_\_\_ Invoice Address: \_\_\_\_\_  
 \_\_\_\_\_



<input type="checkbox"/> <b>JOBST® Elvarex®</b>		
Compression Class (RAL)	Quantity	
	Left	Right
CCL 1 (18-21mmHg)		
CCL 2 (23-32mmHg)		
CCL 3 (34-46mmHg)		
CCL 3F (34-46mmHg)		
CCL 4 (49-70mmHg)		
CCL 4S (60-90mmHg)		
<b>Style</b> <input checked="" type="checkbox"/> AD Knee high		
<b>Options</b> <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm <input type="checkbox"/> 5cm <input type="checkbox"/> Inside <input type="checkbox"/> On top <input type="checkbox"/> Pieces <input type="checkbox"/> 3/4 band <input type="checkbox"/> Zipper† <input type="checkbox"/> Silk pocket† <input type="checkbox"/> T-Heel (CCL 2-3F only) <input type="checkbox"/> Ankle pad (profile)		
<b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry <input type="checkbox"/> Henna <input type="checkbox"/> Denim <input type="checkbox"/> Graphite <input type="checkbox"/> Stone <input type="checkbox"/> Aubergine		
<b>Coloured Seam</b> Mix garment and seam colour (no code / charge for seam colour) <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry		
<b>Remarks</b> _____ _____ _____		



<input type="checkbox"/> <b>JOBST® Elvarex® Soft</b>
<b>Compression Class (RAL)</b> <input type="checkbox"/> CCL 1 (18-21mmHg) <input type="checkbox"/> CCL 2 (23-32mmHg) <input type="checkbox"/> CCL 3 (34-46mmHg)
<b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry <input type="checkbox"/> Ruby red <input type="checkbox"/> Pine Green <input type="checkbox"/> Sunflower Yellow
<b>Style</b> <input checked="" type="checkbox"/> AD Knee high
<b>Quantity</b> Left <input type="text"/> Right <input type="text"/>
<b>Options</b> <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm on top <input type="checkbox"/> 5cm on top <input type="checkbox"/> Silk pocket† <input type="checkbox"/> T-Heel
<b>Remarks</b> _____ _____ _____ _____

†State position/length

†State position/length

# JOBST® Elvarex® Custom-Fit

Please ask your patient to present this form to their prescriber to obtain their compression garments on prescription.

Patient Name: _____	Date of Birth: _____	Date: _____
Clinic: _____	Contact Number: _____	Measured By: _____
		Signature: _____

Dear Prescriber

Following a full assessment, it is my recommendation that the above patient is supplied with JOBST® Elvarex® Custom-Fit or JOBST® Elvarex® Soft Custom-Fit compression garment(s). Please could you therefore provide a prescription for the following as soon as possible. In addition, please add to repeat prescription to facilitate patient self-ordering.

JOBST® Elvarex®				JOBST® Elvarex® Soft			
AD Below Knee				AD Below Knee			
Style	Compression Class	Drug Tariff Code	Qty	Style	Compression Class	Drug Tariff Code	Qty
AD Below Knee	CCL 1 (18-21mmHg)	L1-01-04		AD Below Knee	CCL 1 (18-21mmHg)	L1-10-04	
AD Below Knee	CCL 2 (23-32mmHg)	L2-02-04		AD Below Knee	CCL 2 (23-32mmHg)	L2-08-04	
AD Below Knee	CCL 3 (34-46mmHg)	L3-03-04		AD Below Knee	CCL 3 (34-46mmHg)	L3-09-04	
AD Below Knee	CCL 3F (34-46mmHg)	L3-04-04					
AD Below Knee	CCL 4 (49-70mmHg)	L4-05-04					
AD Below Knee	CCL 4S (60-90mmHg)	L5-06-04					
Style	Options	Drug Tariff Code		Style	Options	Drug Tariff Code	
AD Below Knee	Closed Toe	LA001		AD Below Knee	Closed Toe	LA001S	
AD Below Knee	2 Ankle pad (profile)	LA002		AD Below Knee	Silicone band	LA004S	
AD Below Knee	Zipper	LA003		AD Below Knee	Non-standard colour	LA008S	
AD Below Knee	Silicone band	LA004		AD Below Knee	T-Heel	LA010S	
AD Below Knee	Non-standard colour	LA008		AD Below Knee	SoftFit	LA016S	
AD Below Knee	T-Heel (CCL 2-3F only)	LA010					
AD Below Knee	SoftFit (CCL 1-3 only)	LA016					

Please state quantity in appropriate boxes for compression class and option(s) so that ALL necessary codes can be included on the prescription.

**Schema Number (for repeat orders):** \_\_\_\_\_  
Note: this number can be found on the Reorder Letter included in the original garment.

The pharmacist will need the measurement / order form to place the order with the manufacturer and this is attached (please note this is not required for repeat orders when quoting the schema number). The measurement form should be given to the patient, with the prescription, to take to the pharmacist / post to the postal prescription service provider. Please scan this document into the patient's records as this is patient specific.

**Repeat prescription required every \_\_\_\_\_ months.**

Thank you for your assistance.

\_\_\_\_\_  
Healthcare Professional  
\_\_\_\_\_  
Contact telephone number, in case of query

Any queries, please call the manufacturer:

**Essity, T/A BSN medical Limited**

Customer Services: 0845 122 3600 or email: [compression.uk@jobst.com](mailto:compression.uk@jobst.com)