JOBST® Elvarex®

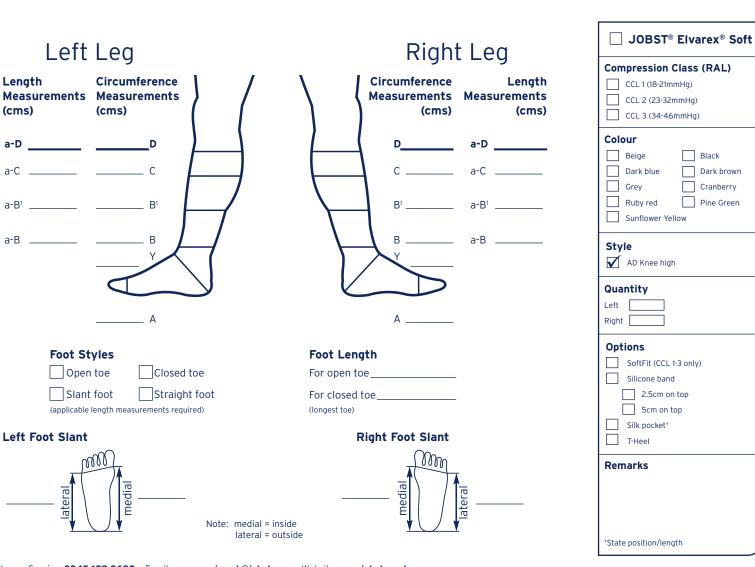
Custom-Fit Order Form

Fax order to customer services on: **0345 122 3450**Email order to customer services on: **compression.uk@jobst.com**

Date:	Purchase Order No.:	Patient Name:	DoB:
Measured By:		Tel <u>:</u>	Email:
Delivery Address:		Invoice Address:	



Compression	Quantity			
Class (RAL)	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)				
Style AD Knee high	Options SoftFit (CCL 1-3 only) Silicone band			
Colour Beige Black Dark blue Dark brown Grey Cranberry Henna Denim Graphite Stone Aubergine	I Zippu Silk p	2.5cm 5cm 1nside On to Pieces 3/4 b Zipper† Silk pocket† T-Heel (CCL 2-3F only) Ankle pad (profile)		
Coloured Seam Mix garment and seam colour (no code / charge for seam colour) Beige Black Dark blue Dark brown Grey Cranberry				
Remarks *State position/length				



Customer Service: 0345 122 3600 Email: compression.uk@jobst.com Website: www.jobst.co.uk

By completing this order form, you are confirming that you are aware of your obligation to obtain consent from the patient on the processing of their data for the production of their JOBST® compression garment in accordance with the General Data Protection Regulation. For more information and our Privacy Policy, visit www.jobst.co.uk

JOBST® Elvarex® Custom-Fit

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

Patient Name:	t Name:			Date of Birth:			
Clinic:	Contact Number:		Measured By:				
Dear Prescrib	per						
Fit or JOBST	ull assessment, it is my ® Elvarex® Soft Custon as soon as possible. Ir	n-Fit compression g	armei	nt(s). Please co	uld you therefore prov	vide a prescription f	
		А	D Belo	ow Knee			
	JOBST® Elvare	eX _®			JOBST® Elvarex®	® Soft	
Style	Compression Class	Drug Tariff Code	Qty	Style	Compression Class	Drug Tariff Code	Qt
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	L-A001		AD Below Knee	Closed Toe	L-A001S	
AD Below Knee	2 Ankle pad (profile)	L-A002		AD Below Knee	Silicone band	L-A004S	
AD Below Knee	Zipper	L-A003		AD Below Knee	Non-standard colour	L-A008S	
AD Below Knee	Silicone band	L-A004		AD Below Knee	T-Heel	L-A010S	
AD Below Knee	Non-standard colour	L-A008		AD Below Knee	SoftFit	L-A016S	
AD Below Knee	T-Heel (CCL 2-3F only)	L-A010					
AD Below Knee	SoftFit (CCL 1-3 only)	L-A016					
Schema Nun Note: this nun The pharmac attached (ple form should is service provide Repeat preson	quantity in appropriate he prescription. nber (for repeat order mber can be found on ease note this is not repeat order to the patient der. Please scan this decription required ever	the Reorder Letter urement / order for quired for repeat or , with the prescript ocument into the p	includerm to produce to the control of the control	ded in the originglesse the order when quoting to take to the ph	nal garment. with the manufacture he schema number). To	er and this is The measurement	١
Thank you fo	r your assistance.						
			Hea	althcare Profess	sional		
			Cor	ntact telephone	number, in case of qu	ierv	

Any queries, please call the manufacturer:

Essity, T/A BSN medical Limited

Customer Services: 0345 122 3600 or email: compression.uk@jobst.com