JOBST® Elvarex®

Below Knee

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:________ Email:________

Delivery Address:________ Invoice Address:________

JOBST®

☐ JOBST® Elvarex®

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)		

Style

- ☑ AD Knee high

Colour

- ☐ Beige
- ☐ Black
- ☐ Dark blue
- ☐ Dark brown
- ☐ Grey
- ☐ Cranberry
- ☐ Henna
- ☐ Denim
- ☐ Graphite
- ☐ Stone
- ☐ Aubergine

Coloured Seam

Mix garment and seam colour
(no code / charge for seam colour)

- ☐ Beige
- ☐ Black
- ☐ Dark blue
- ☐ Dark brown
- ☐ Grey
- ☐ Cranberry

Options

- ☐ SoftFit (CCL 1-3 only)
- ☐ Silicone band
  - ☐ 2.5cm
  - ☐ 5cm
  - ☐ Inside
  - ☐ On top
  - ☐ Pieces
  - ☐ 3/4 band
- ☐ Zipper†
- ☐ Silk pocket†
- ☐ T-Heel (CCL 2-3F only)
- ☐ Ankle pad (profile)

Remarks

†State position/length

Left Leg

Length Measurements (cms)	Circumference Measurements (cms)
a-D ____	____ D
a-C ____	____ C
a-B1 ____	____ B1
a-B ____	____ B
	____ Y
	____ A

Right Leg

Circumference Measurements (cms)	Length Measurements (cms)
D ____	a-D ____
C ____	a-C ____
B1 ____	a-B1 ____
B ____	a-B ____
Y ____	
A ____	

Foot Styles

- ☐ Open toe
- ☐ Closed toe
- ☐ Slant foot
- ☐ Straight foot

(applicable length measurements required)

Foot Length

For open toe________

For closed toe________

(longest toe)

Left Foot Slant

lateral ____ medial ____

Right Foot Slant

medial ____ lateral ____

Note: medial = inside
lateral = outside

☐ JOBST® Elvarex® Soft

Compression Class (RAL)

- ☐ CCL 1 (18-21mmHg)
- ☐ CCL 2 (23-32mmHg)
- ☐ CCL 3 (34-46mmHg)

Colour

- ☐ Beige
- ☐ Black
- ☐ Dark blue
- ☐ Dark brown
- ☐ Grey
- ☐ Cranberry
- ☐ Ruby red
- ☐ Pine Green
- ☐ Sunflower Yellow

Style

- ☑ AD Knee high

Quantity

Left ☐

Right ☐

Options

- ☐ SoftFit (CCL 1-3 only)
- ☐ Silicone band
  - ☐ 2.5cm on top
  - ☐ 5cm on top
- ☐ Silk pocket†
- ☐ T-Heel

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:______________________ 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.

AD Below Knee							
JOBST® Elvarex®				JOBST® Elvarex® Soft			
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	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					

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

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