Custom Made Circular Knitted Compression Stockings Order Form

Patient's Name/ID Code or File #: _____

Address: _____

City/State/Zip: _____

Date: _____

JOBST® Medical Wear

Product / Brand	Quantity left	Quantity right	Sand	Sun Bronze	Black	Latte	Navy
Seamless Soft 15-20 mmHg* (CCL 1)							
Seamless Soft 20-30 mmHg* (CCL 2)							
Seamless Soft 30-40 mmHg* (CCL 3)							
Bellavar™ 20-30 mmHg* (CCL 2)							
Bellavar™ 30-40 mmHg* (CCL 3)							

Basic Styles:

☐ AD ☐ AF ☐ AG ☐ AG-T ☐ AG-HT ☐ AT

Options:

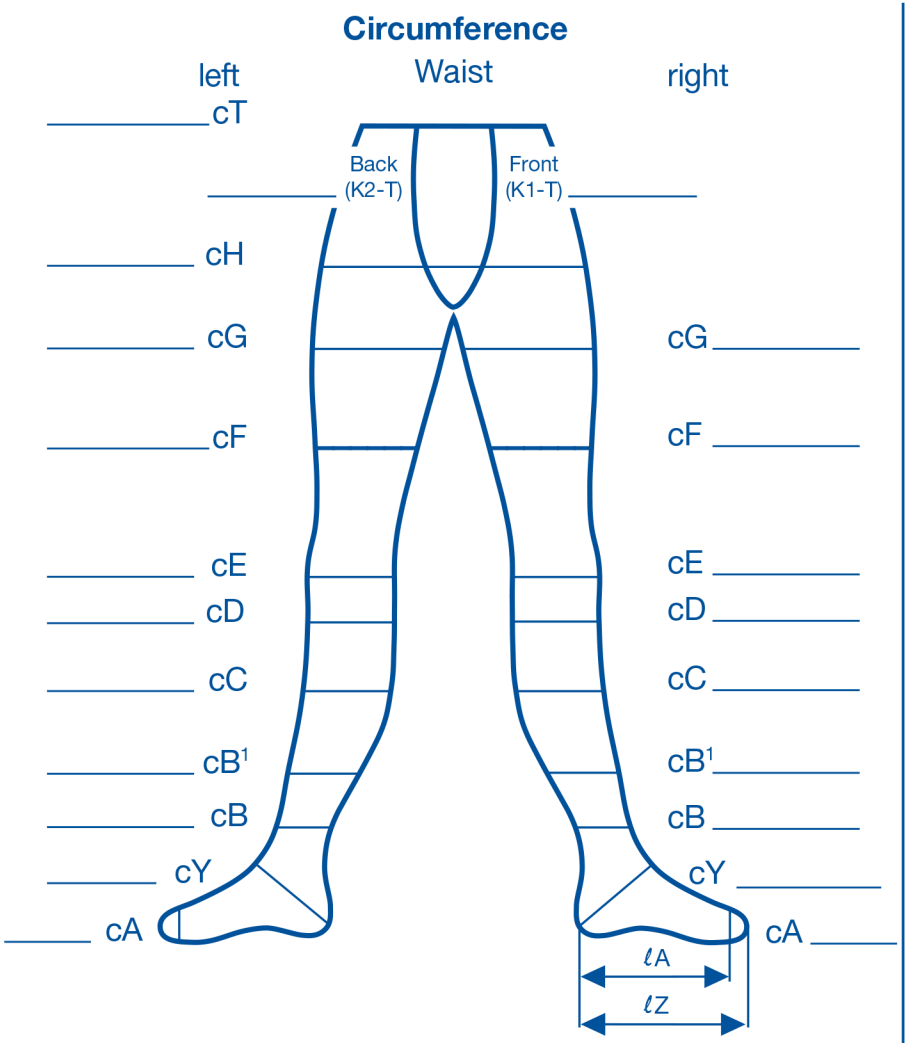
☐ Closed toe ☐ Open toe ☐ Short foot (closed)

Special Options:

AD ☐ No Silicone ☐ Silicone dotted band 2.5 cm ☐ Silicone dotted band 5 cm

AF/AG ☐ No Silicone ☐ Silicone dotted band 5 cm ☐ Silicone lace band 6 cm ☐ Silicone Soft band 6 cm**

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



Length measurement

ℓT _____

ℓH _____

ℓG _____

ℓF _____

ℓE _____

ℓD _____

ℓC _____

ℓB1 _____

ℓB _____

Foot length open toe

ℓA _____

Foot length closed toe

ℓZ _____

Comments: _____

*Design Pressure **Not available in Full Compression or Bellavar

Take measurements on edema-free extremities only. All measurements must be recorded in cm.

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