JOBST Confidence® Order Form AD/AG

Body Works Custom Compression
Fax 703-852-4371

Patient Name / ID Code or File # _____ DOB _____ Date _____

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 # _____ (Not Required) Fitter Phone _____

Fitter Facility _____ Email _____

Ship To Acct # _____ Acct Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Bill To Acct # _____ Acct Name Body Works Custom Compression

Address 355 N Cleveland Street #303 City Oceanside State CA Zip 92054

Email nancy@bodyworks-compression.com Phone 571-232-3179 Fax 703-852-4371

Confirmation Fax # _____

Email _____

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.

☐ Last 4 digits of credit card on file OR Exp. _____

☐ New card - call to provide credit card # Billing Zip _____

Name on CC _____

Color

☐ Beige ☐ Anthracite Heather
☐ Black ☐ Jeans Heather
☐ Caramel ☐ Red Heather

Styles

☐ AD Knee
☐ AG High

Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
Left			
Right			

Special AD/AG Options

☐ **Lateral Rise =10%of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)**

☐ Ankle Comfort Zone ☐ Knee Comfort Zone

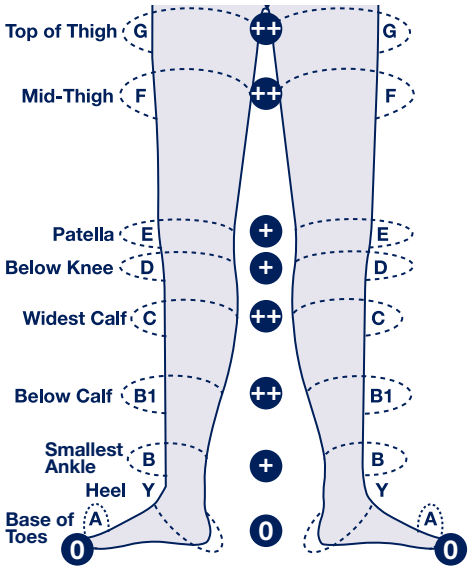
Decorative Options

☐ Decorative Line (Front of garment)
☐ Patient Initials Max 2 letters (A-Z) _____

Measuring Guidelines

(Only applicable for Confidence) See Leg Diagram for applicable tension at each landmark.

0 no tension
+ light tension
++ heavy tension



AD Band Options

☐ Without Silicone
☐ SoftFit Band AD
NOTE: this is a 5 cm band

AG Band Option

☐ 5 cm Dotted Band With Lateral Rise (Standard)

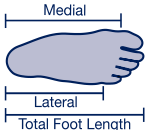
Circumference (*c*)		Length (*l*): Taken from each landmark to floor	
Left	**Right**	**Left**	**Right**
*c***G**		*l***G**	
*c***F**		*l***F**	
*c***E**		*l***E**	
*c***D**		*l***D**	
*c***C**		*l***C**	
*c***B1**		*l***B1**	
*c***B**		*l***B**	
*c***Y**		*l***A** (medial)	
*c***A**		*l***A** (lateral)	

☐ **Straight Open Toe Length**
Lateral _____ cm

☐ **Straight Closed Toe Length**
Total Foot _____ cm

☐ **Slant Open Toe Length**
Medial _____ cm
Lateral _____ cm

☐ **Slant Closed Toe Length**
Medial _____ cm
Lateral _____ cm
Total Foot _____ cm



* Design Pressure

essity
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