JOBST® Elvarex® Soft

Custom-Fit Order Form

TO ORDER PLEASE EMAIL: **info@hc21.ie**

HC21 Healthcare

Date:_____ Purchase Order No.:_____ Patient Name:_____

Measured By:_____ Tel:_____ Email:_____

Delivery Address:_____ Invoice Address:_____

☐ **JOBST® Elvarex® Soft**

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

Quantity
- Left ☐
- Right ☐
- AT Tights / Bermuda ☐

Style*	**Options**				
☐ AD Knee high	☐ Silk pocket†	☐ T-Heel			
☐ AG Thigh high	☐ Silk pocket†	☐ T-Heel	☑ Slipform		
☐ AGTL Chap style left	☐ Silk pocket†	☐ T-Heel			
☐ AGTR Chap style right	☐ Silk pocket†	☐ T-Heel			
☐ AG-T Chap style pair	☐ Silk pocket†	☐ T-Heel			
☐ B1/C-T Capri tights	☐ Silk pocket†		☑ Slipform	☐ Adjustable waistband	
☐ AT Tights	☐ Silk pocket†	☐ T-Heel	☑ Slipform	☐ Adjustable waistband	☐ Open pubis
☐ BT Footless tights	☐ Silk pocket†		☑ Slipform	☐ Adjustable waistband	☐ Open pubis
☐ Bermuda			☑ Slipform	☐ Adjustable waistband	☐ Open pubis

Colour
- ☐ Beige
- ☐ Black
- ☐ Dark blue
- ☐ Dark brown
- ☐ Grey
- ☐ Cranberry
- ☐ Ruby red

Top band options

Silicone bands
- ☐ 2.5cm (A-D only)
- ☐ 5cm

SoftFit (2.5cm only)
- ☐ (AD Knee high only)

Remarks

*Leg lengths / CCL's must be the same for tights / Bermuda / Capri

†State position / length

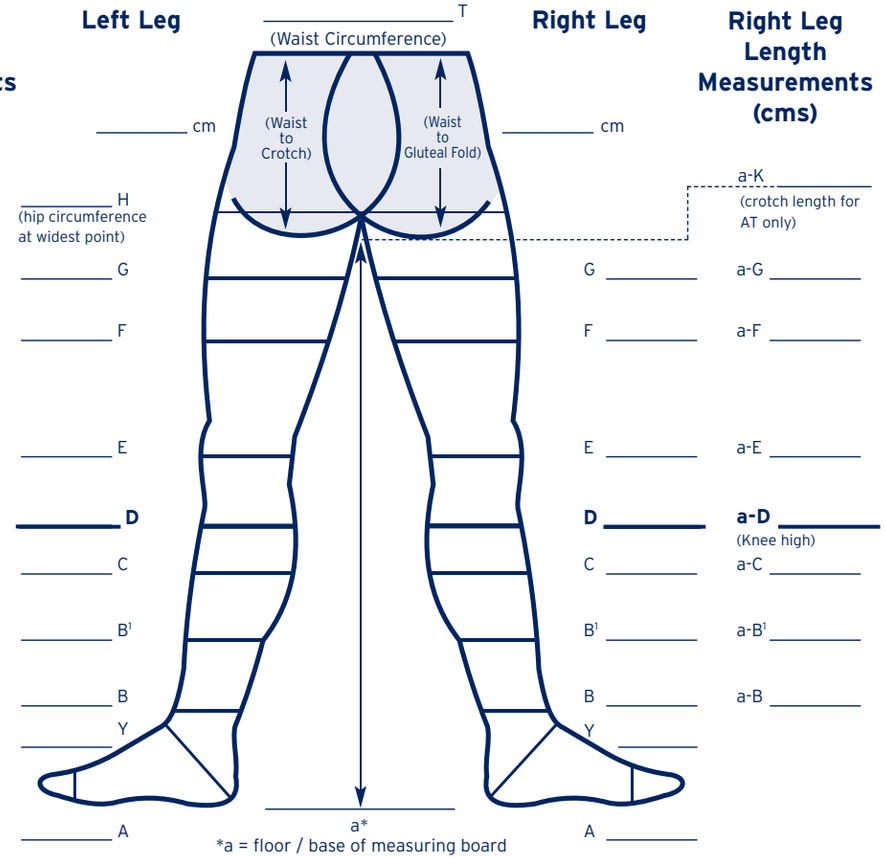
Circumference Measurements (cms)

Left Leg Length Measurements (cms)

Left Leg

Right Leg

Right Leg Length Measurements (cms)



*a = floor / base of measuring board

Foot Length - Left

For open toe_____ cm

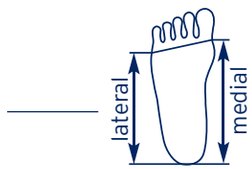
For closed toe_____ cm
(longest toe)

Foot Length - Right

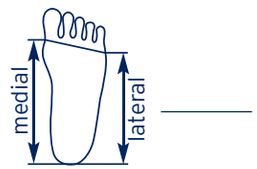
For open toe_____ cm

For closed toe_____ cm
(longest toe)

Left Foot Slant



Right Foot Slant



Note: medial = inside
lateral = outside

Customer Service: **1890 777 444** Compression Therapy Helpline: **0800 389 8424**
Email: **info@hc21.ie** Website: **www.hc21.eu**