# JOBST® Elvarex®

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®

☐ **JOBST® Elvarex®**

| Compression Class (RAL) | Quantity | | |
|---|---|---|---|
| | Left | Right | Body Bandage |
| 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
- ☐ BD Knee high footless
- ☐ AF Mid thigh*
- ☐ AG Thigh high
- ☐ BG Thigh high footless
- ☐ AGTL Chap style left
- ☐ AGTR Chap style right
- ☐ AG-T Chap style pair
- ☐ AT Tights
- ☐ AT Tights 1 leg
- ☐ Bermuda
- ☐ B1 / C-G Capri leg*
- ☐ B1 / C-T Capri tights (CCL1-3 only)

**Colour**

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

**Coloured Seam**

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

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

**Options**

- ☐ Leg extension
- ☐ Adjustable waistband
- ☐ Fly for men
- ☐ Crotch for men
- ☐ Open pubis
- ☐ Re-inforced gusset
- ☐ Slipform
- ☐ Zipper with lining†
  - ☐ Inside ☐ Outside ☐ Front
- ☐ Silk pocket†
- ☐ T-Heel (CCL 2-3F only)
- ☐ Ankle pad (profile)
- ☐ Top functional zone*
- ☐ Knee functional zone (CCL 2-4S only)

**Capri tights** options:

- ☐ Slipform
- ☐ Adjustable waistband

**Top band options**

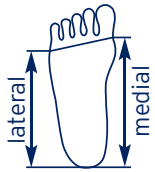
**Silicone bands**

- ☐ 2.5cm
- ☐ 5cm
- ☐ Inside
- ☐ On top
- ☐ Pieces
- ☐ 3/4 band

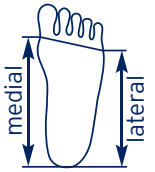
**SoftFit** (2.5cm only)

- ☐ (AD Knee high, CCL 1-3 only)

**Left Foot Slant**




**Right Foot Slant**




Note: medial = inside
lateral = outside

**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)

**Remarks**

†State position / length
*not available on FP10 / GP10

**Circumference Measurements (cms)**

**Left Leg Length Measurements (cms)**

a-K _____
(crotch length for AT only)

a-G _____

a-F _____

a-E _____

**a-D**_____
(Knee high)

a-C _____

a-B¹ _____

a-B _____

**Left Leg**

_____ T
(Waist Circumference)

_____ cm

_____ H
(hip circumference at widest point)

_____ G

_____ F

_____ E

_____ **D**

_____ C

_____ B¹

_____ B

_____ Y

_____ A

**Right Leg**

_____ cm

G _____

F _____

E _____

**D** _____

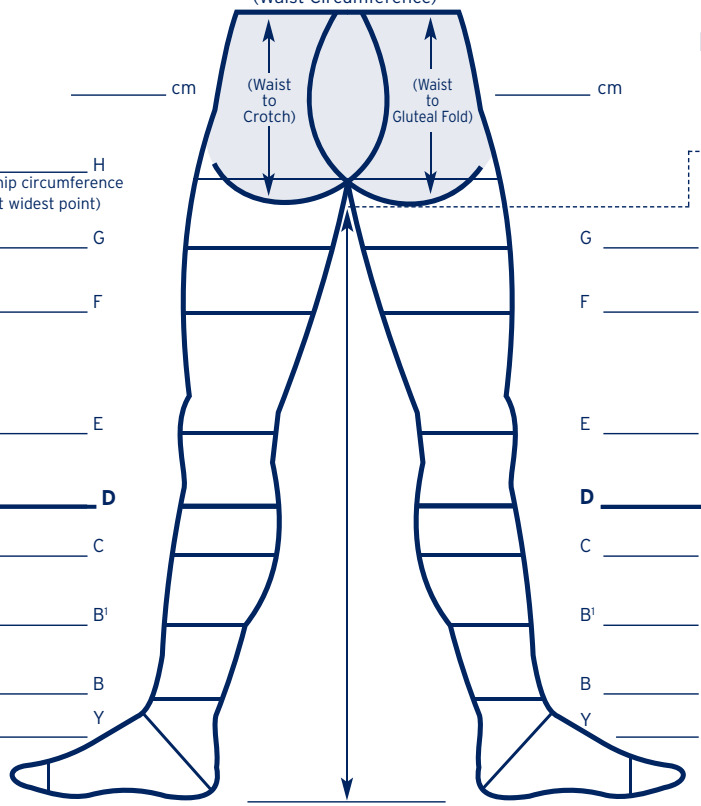
C _____

B¹ _____

B _____

Y _____

A _____




*a = floor / base of measuring board

**Right Leg Length Measurements (cms)**

a-K _____
(crotch length for AT only)

a-G _____

a-F _____

a-E _____

**a-D** _____
(Knee high)

a-C _____

a-B¹ _____

a-B _____

# JOBST® Elvarex® Soft

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HC21 Healthcare

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☐ **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

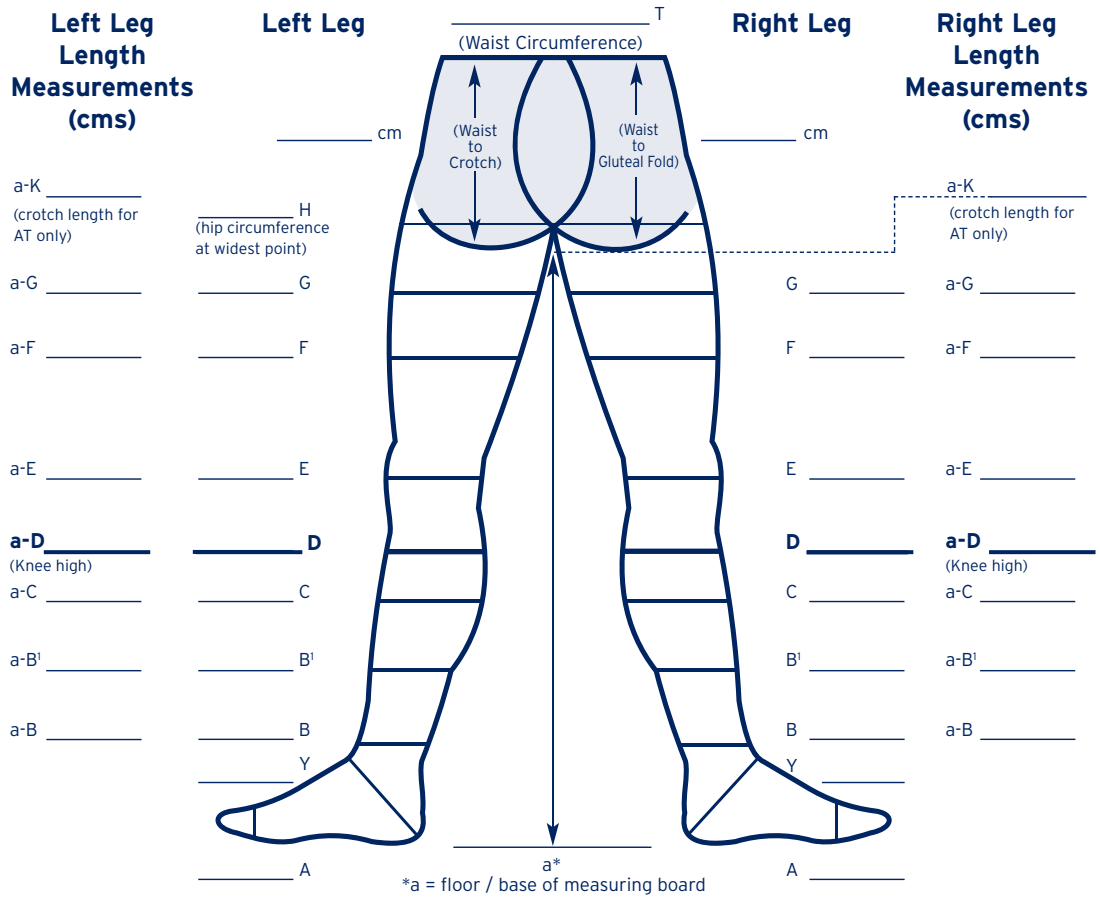
## Circumference Measurements (cms)

**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

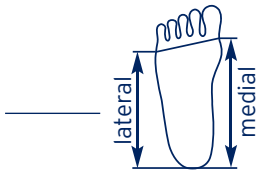
For closed toe_____ cm
(longest toe)

**Foot Length - Right**

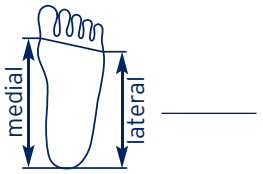
For open toe_____ cm

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**