JOBST® Relax

Custom fit order form

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

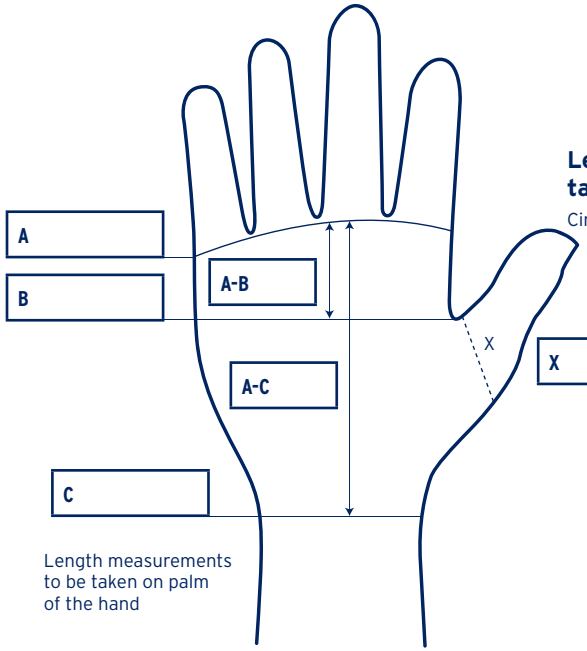
Date:_____ Purchase Order No.:_____ Patient Name:_____

Measured By:_____ Tel:_____ Email:_____

Delivery Address:_____ Invoice Address:_____

HC21 Healthcare

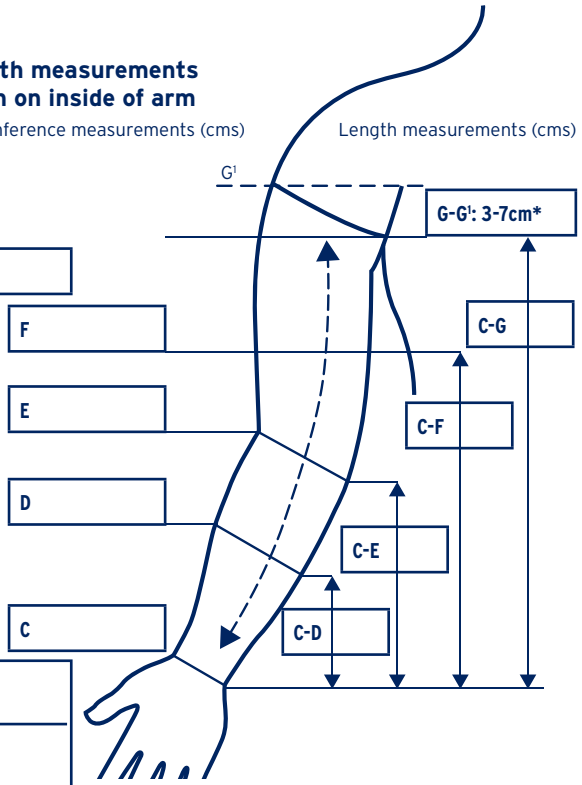
JOBST®



Length measurements to be taken on palm of the hand

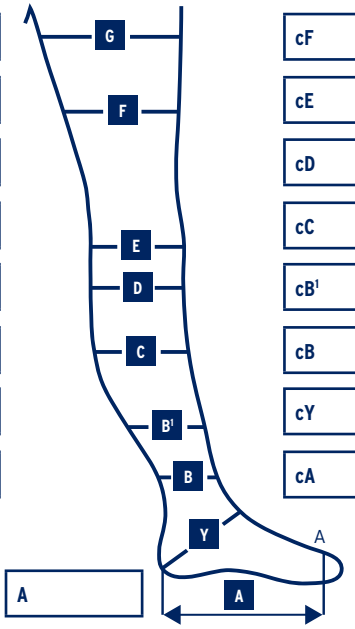
Length measurements taken on inside of arm

Circumference measurements (cms) | Length measurements (cms)



*Note: garment will be manufactured using 4cm measurement for standard bias finish unless alternative measurement stated.

Left leg length measurements (cms)	Left leg circumference measurements (cms)	Right leg circumfrence measurements (cms)	Right leg length measurements (cms)
G	cG	cG	G
F	cF	cF	F
E	cE	cE	E
D	cD	cD	D
C	cC	cC	C
B¹	cB¹	cB¹	B¹
B	cB	cB	B
	cY	cY	
	cA	cA	



Length A

☐ **Upper Extremities**

Compression Class: Left Right

CCL 1 (15-20mmHg) ☐ ☐

Colour: ☐ Beige ☐ Rose

Quantity Required: ☐

Repeat prescription required every ☐ months

Style: ☐ CG1 Armsleeve (wrist to axilla)

☐ AG1 Armsleeve with gauntlet

Options: ☐ Zipper

☑ Bias top

☐ **Lower Extremities**

Compression Class: Left Right

CCL 1 (15-20mmHg) ☐ ☐

CCL 2 (20-30mmHg) ☐ ☐

Colour: ☐ Beige ☐ Rose

Quantity Required: ☐

Repeat prescription required every ☐ months

Style: ☐ AD Knee high

☐ AG Thigh high

Options: ☐ Zipper

☑ Open toe

☑ Straight foot

SDMA SURGICAL DRESSING MANUFACTURERS ASSOCIATION

QMS® ISO 9001 REGISTERED