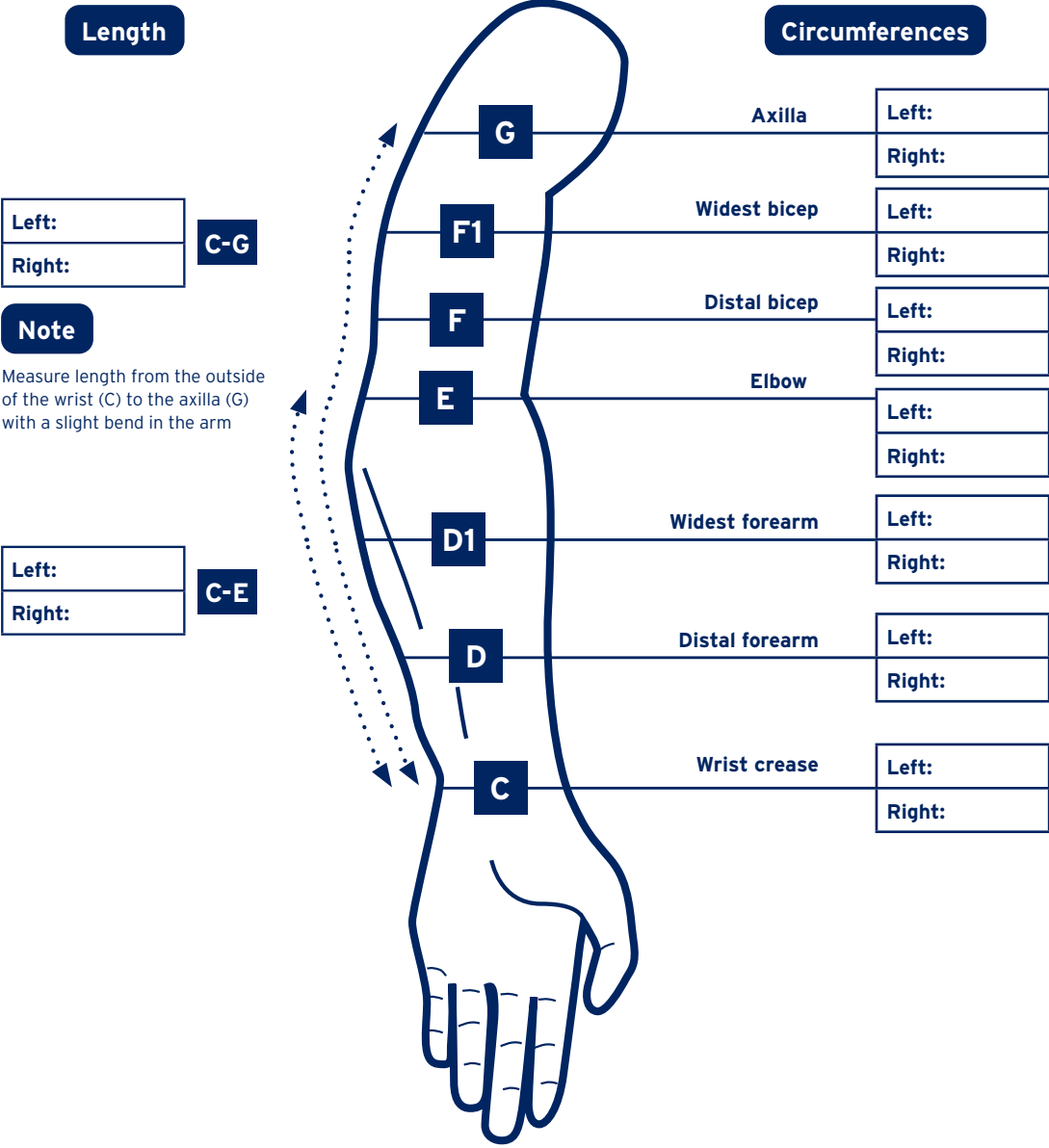


JOBST® FarrowWrap®

Armpiece
Custom-fit order form

Email order to Customer Services on: compression.uk@jobst.com

Date: _____ Purchase Order No.: _____ Patient Name: _____
 Measured By: _____ Tel: _____ Email: _____
 Delivery Address: _____
 Post Code: _____



Length

C-G
 Left: _____
 Right: _____

Note
 Measure length from the outside of the wrist (C) to the axilla (G) with a slight bend in the arm

C-E
 Left: _____
 Right: _____

Circumferences

Axilla	Left: _____
	Right: _____
Widest bicep	Left: _____
	Right: _____
Distal bicep	Left: _____
	Right: _____
Elbow	Left: _____
	Right: _____
Widest forearm	Left: _____
	Right: _____
Distal forearm	Left: _____
	Right: _____
Wrist crease	Left: _____
	Right: _____

■ Armpiece

Brand / compression:

Lite
 Strong
 Classic

Colour:

Beige

Quantity:

Left:
 Right:

Remarks