# JOBST<sup>®</sup> Elvarex<sup>®</sup> Plus

### Foot Cap Order Form

Fax order to customer services on: **0845 122 3450** Email order to customer services on: **compression.uk@jobst.com** 

JOBST	Circumference in cm Circumference in cm A - Circumference A - Circumference	z x z cm ccumference	Length in cm	Note: All foot caps be manufactured w 4 toes unless noted this remarks box th 5 toes are required Left Foot: 5 Toes Length of little 5 Toes Length of little	ith d in at toe toe	X   Image: A - Circumfere	Circumference in	Note meas requi toes meas requi	t Foot Circumferential surements are red for all 5 however length surement not red for little toe as 5 <sup>th</sup> toe required
☐ JOBST Elvarex Plus					JOBST Elvarex Sof	t Seamless			
Compression Class (RAL)         CCL 1 (18-21mmHg)         CCL 2 (23-32mmHg)         CCL 3 (34-46mmHg)*	Colour     Beige   Black     Dark blue   Cranberry     Dark brown   Grey	Style AA Footcap 4 Toes	Options 1.5cm slanted little toe opening†	Quantity     Left     Right	Compression Class (RAL)         CCL 1 (18-21mmHg)         CCL 2 (23-32mmHg)	Colour Beige Black	Style AA Footcap Style AA Footcap 4 Toes	Options 1.5cm slanted little toe opening	Quantity   Left   Right
*Note: this will be JOBST Elvarex (seamed)	1	†This is standard. If	i different size is required, plea	ase note in remarks box	Remarks				

Customer Service: 0845 122 3600 Compression Therapy Helpline: 0800 389 8424 Email: compression.uk@jobst.com Website: www.bsnmedical.co.uk

By completing this order form, you are confirming that you are aware of your obligation to obtain informed written consent from the patient on the processing of their data for the production of their JOBST<sup>®</sup> compression garment in accordance with the General Data Protection Regulation. For more information and our Privacy Policy, visit **www.bsnmedical.co.uk** 

Date:	Purchase Order No.:	Patient Name:	DoB:
Measured By:		Tel <u>:</u>	Email:
Delivery Address:		Invoice Address:	

#### How to order

Select the garment required, tick the appropriate boxes for the compression class, guantity, colour and any other options required. Ensure all applicable measurement boxes are completed.

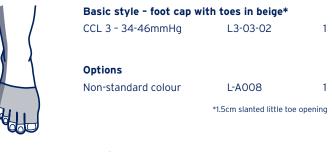
Direct orders can be faxed to our Customer Service team. For Drug Tariff reimbursement, the order form needs to be sent to the pharmacy or postal prescription service provider with a completed prescription form (FP10 / GP10). They will then fax the order to our Customer Service team.

Our experienced UK Customer Service team are on hand to use their expertise to process your order efficiently and answer any product queries you may have.

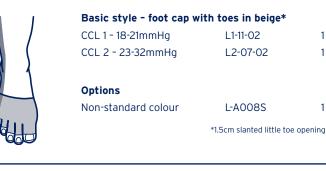


Compression Class / Option Code Pieces **JOBST Elvarex Plus** Foot Cap with Toes Basic style - foot cap with toes in beige\* CCL 1 - 18-21mmHa L1-12-02 1 CCL 2 - 23-32mmHa L2-13-02 1 Options Non-standard colour L-A008P \*1.5cm slanted little toe opening

## **JOBST Elvarex** Foot Cap with Toes



# JOBST Elvarex Soft Seamless Foot Cap with Toes



### Prescription charges<sup>1</sup>

Where JOBST Elvarex Plus garments are prescribed including specifically prescribed additional options, the dispenser must ensure that full details including order codes are clearly endorsed on the FP10. The additional options for the base garments do not attract any additional prescription charges. One prescription charge is payable where one or more of the same base garment is supplied. More than one prescription charge is payable if different base garments (including different compression class or colour of the same garment type) are ordered.

Reference:

1. NHSBSA, Drug Tariff, Part 1XA - Appliances, Lymphoedema Garments, November 2016









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