

JOBST® Relax

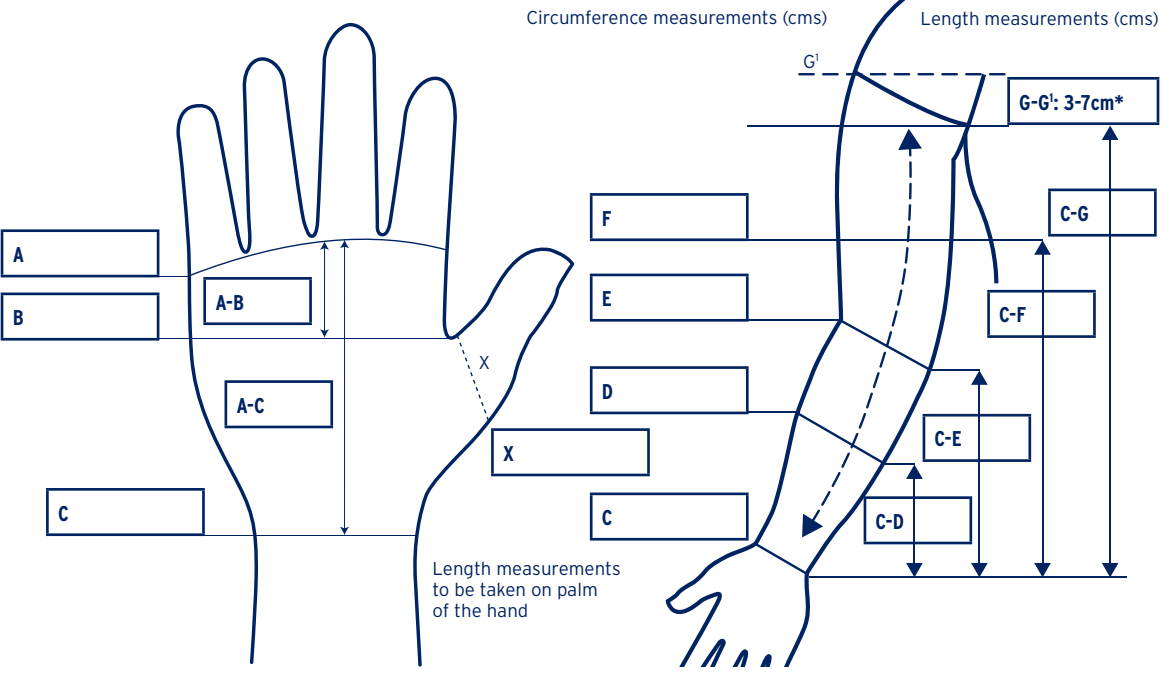
Custom-fit order form

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

Date: _____ Purchase Order No.: _____ Patient Name: _____ DoB: _____
 Measured By: _____ Tel: _____ Email: _____
 Delivery Address: _____ Invoice Address: _____



Length measurements taken on inside of arm



Left leg length measurements (cms)

Left leg circumference measurements (cms)

Right leg length measurements (cms)

Right leg circumference measurements (cms)

<input type="text" value="G"/>	<input type="text" value="cG"/>	<input type="text" value="cG"/>	<input type="text" value="G"/>
<input type="text" value="F"/>	<input type="text" value="cF"/>	<input type="text" value="cF"/>	<input type="text" value="F"/>
<input type="text" value="E"/>	<input type="text" value="cE"/>	<input type="text" value="cE"/>	<input type="text" value="E"/>
<input type="text" value="D"/>	<input type="text" value="cD"/>	<input type="text" value="cD"/>	<input type="text" value="D"/>
<input type="text" value="C"/>	<input type="text" value="cC"/>	<input type="text" value="cC"/>	<input type="text" value="C"/>
<input type="text" value="B'"/>	<input type="text" value="cB'"/>	<input type="text" value="cB'"/>	<input type="text" value="B'"/>
<input type="text" value="B"/>	<input type="text" value="cB"/>	<input type="text" value="cB"/>	<input type="text" value="B"/>
	<input type="text" value="cY"/>	<input type="text" value="cY"/>	
	<input type="text" value="cA"/>	<input type="text" value="cA"/>	

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

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

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

Customer Service: **0845 122 3600** Compression Therapy Helpline: **0800 389 8424** Email: **compression.uk@bsnmedical.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 compression garment in accordance with the General Data Protection Regulation. For more information and our Privacy Policy, visit **www.bsnmedical.co.uk**

