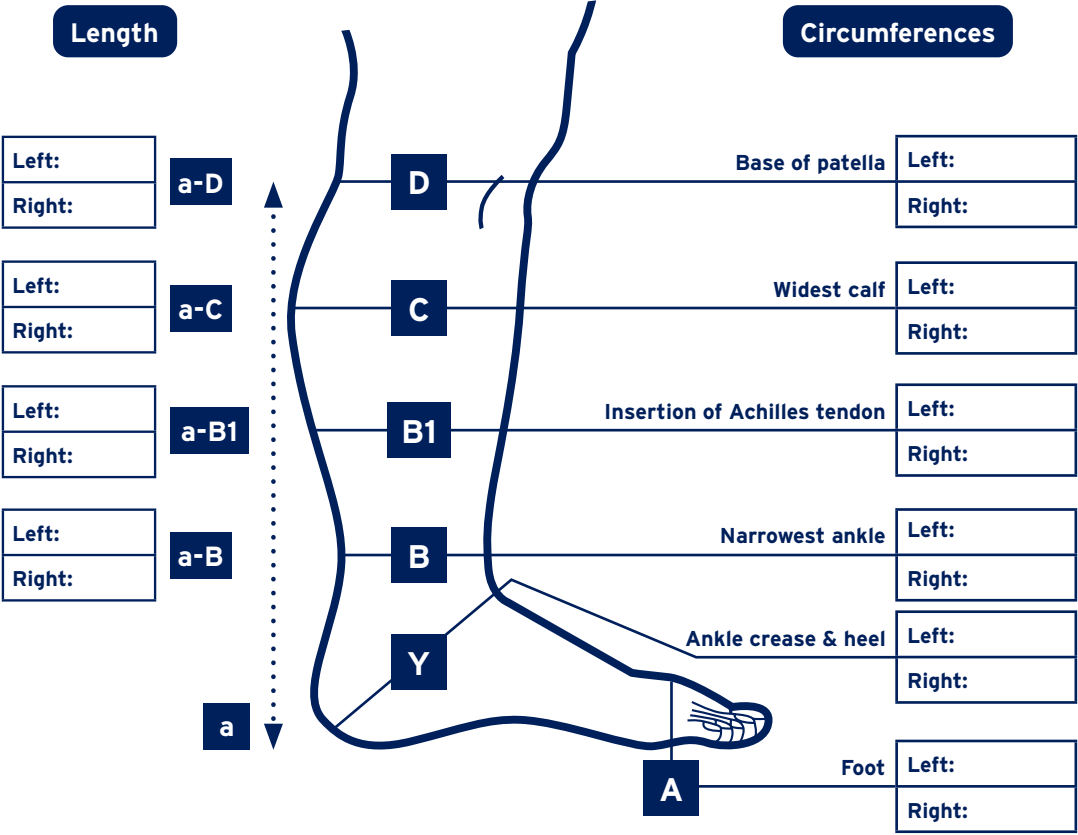


# JOBST® UlcerCare

## Custom-fit 2-in-1 Compression System

Measuring form and prescription request  
 For leg shapes that fall outside of the ready-to-wear sizing  
 Email order to Customer Services on: [compression.uk@jobst.com](mailto:compression.uk@jobst.com)  
 Fax order to Customer Services on: 0345 122 3450

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



### Length

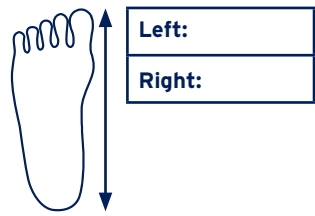
### Circumferences

Left:	a-D	D	Base of patella	Left:
Right:				Right:
Left:	a-C	C	Widest calf	Left:
Right:				Right:
Left:	a-B1	B1	Insertion of Achilles tendon	Left:
Right:				Right:
Left:	a-B	B	Narrowest ankle	Left:
Right:				Right:
		Y	Ankle crease & heel	Left:
				Right:
		A	Foot	Left:
				Right:

### Toe Options

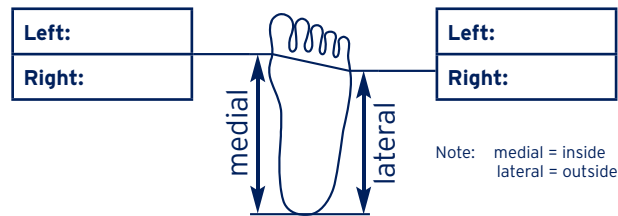
Tip: length measurement should be taken in full weight bearing, standing position.

#### Closed toe (for Liner only)



Left:
Right:

#### Open toe



Left:
Right:

Left:
Right:

Note: medial = inside  
 lateral = outside

Top tip: if you require a Straight Foot, please decide where you wish the garment to end and write the same measurements (cm) in the medial and lateral boxes.

**PLEASE NOTE:** to order the JOBST UlcerCare custom-fit (MtM) kit, the outer stocking and liners need to be ordered separately using the two Drug Tariff codes listed below.

### JOBST UlcerCare Outer Stocking (MtM)

One outer stocking

<b>Left</b> <b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <b>Toe</b> <input checked="" type="checkbox"/> Open Toe <b>Zipper</b> (to be placed on the side opposite to the ulceration) <input type="checkbox"/> No Zip <input type="checkbox"/> Inside (medial) <input type="checkbox"/> Outside (lateral) <input type="checkbox"/> Anterior (front) <b>Quantity</b> <input type="text"/>	<b>Right</b> <b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <b>Toe</b> <input checked="" type="checkbox"/> Open Toe <b>Zipper</b> (to be placed on the side opposite to the ulceration) <input type="checkbox"/> No Zip <input type="checkbox"/> Inside (medial) <input type="checkbox"/> Outside (lateral) <input type="checkbox"/> Anterior (front) <b>Quantity</b> <input type="text"/>
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Drug Tariff Code: LZ-07-04  
 Repeat prescription required every  months

### JOBST UlcerCare Liners Pack (MtM)

Each pack contains two liners

<b>Left</b> <b>Toe</b> <input checked="" type="checkbox"/> Closed <b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <b>Quantity</b> <input type="text"/>	<b>Right</b> <b>Toe</b> <input checked="" type="checkbox"/> Closed <b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <b>Quantity</b> <input type="text"/>
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Drug Tariff Code: LL-07-04  
 Repeat prescription required every  months

### Remarks

\*State position/length



# JOBST UlcerCare Custom-Fit (MtM)

## Measuring instructions

### Circumference Measurements (cm)

All circumference measurements to be taken with lay-on tape tension, except for the **C** circumference

1. Measure foot **A** circumference along the base of the toe joints at the widest part of the foot, including any bunions
2. Measure **Y** circumference around the front ankle crease and heel with the foot at maximal dorsiflexion (tendons flexed and toes pointing up)
3. Measure narrowest part of ankle **B** circumference
4. Measure **B1** circumference at the insertion of the Achilles tendon (calf transition). If not clearly visible, **B1** is halfway between the **B** and **C** measurements
5. Measure widest part of the calf **C** circumference. This is an anchor point for the garment, so pull the tape together to first resistance
6. Measure **D** circumference at two finger widths below the crease of the knee / base of patella

### Length Measurements (cm)

1. Measure **a-B** length from the floor to narrowest part of the ankle
2. Measure **a-B1** length from the floor to insertion of the Achilles tendon (calf transition)
3. Measure **a-C** length from the floor to widest part of the calf
4. Measure **a-D** length from the floor to two finger widths below the crease of the knee / base of patella

### Check out our measuring guide videos

Scan the QR code for help with measuring for JOBST UlcerCare (MtM). Measuring for below knee (A-D) JOBST Elvarex is the same as for JOBST UlcerCare Made-to-Measure (MtM)



### Fast and free home delivery of prescription garments with JOBST Delivered\*

To use this dispensing service, send this form and prescription to: **JOBST Delivered, FREEPOST, 10 Cossall Industrial Estate, Ilkeston, Derby, DE7 5UG** or order online at [order.jobst.com/UK](http://order.jobst.com/UK) and select JOBST Delivered as the dispenser (note: prescription to be posted to JOBST Delivered unless using EPS).

If the patient is using an Electronic Prescription Service (EPS), select code **FJ708** to nominate Daylong Direct as their dispenser of choice.

For envelopes, please contact: [jobstdelivered@daylongdirect.co.uk](mailto:jobstdelivered@daylongdirect.co.uk) or **0808 196 6250**

\*JOBST Delivered is operated by Daylong Direct, 10 Cossall Industrial Estate, Ilkeston, Derby, DE7 5UG

Privacy Policy: [www.daylong.co.uk](http://www.daylong.co.uk)

### Go digital and order using JOBST Online

Bringing you an easier way to order JOBST. Order direct with payment by account or on prescription by selecting JOBST Delivered\* as the dispenser on JOBST Online.

Scan QR code to register or visit [order.jobst.com/UK](http://order.jobst.com/UK)

\*JOBST Delivered is operated by Daylong Direct, 10 Cossall Industrial Estate, Ilkeston, Derby, DE7 5UG

Privacy Policy: [www.daylong.co.uk](http://www.daylong.co.uk)

