



Confidence[®] Order Form AD/AG **JOBST**

Questions? Call 888-358-1580.

Fax or Email this form to 443-455-1402 or

Orders@comfortcaremd.com

Patient Name _____ DOB _____ Date _____

Address _____ Gender M F

City/State/ Zip _____

Diagnosis _____

Fitter Name _____	Fitter # _____ <small>(Not required)</small>	Fitter Phone _____
Fitter Facility _____	Email _____	
Ship To _____	Name _____	
Address _____	City _____	Province _____ Postal Code _____
Email _____	Phone _____	Fax _____

	Quantity/Class	CCL1 <small>(18-21mmHg*)</small>	CCL2 <small>(23-32mmHg*)</small>	CCL3 <small>(34-46mmHg*)</small>
Left				
Right				

Color <input type="checkbox"/> Beige <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Caramel <input type="checkbox"/> Red Heather	Styles <input type="checkbox"/> AD Knee <input type="checkbox"/> AG High	AD Band Options <input type="checkbox"/> Without Silicone <input type="checkbox"/> SoftFit Band AD <small>NOTE: this is a 5 cm band</small>	AG Band Options <input type="checkbox"/> 5 cm Dotted Band With Lateral Rise (Standard)
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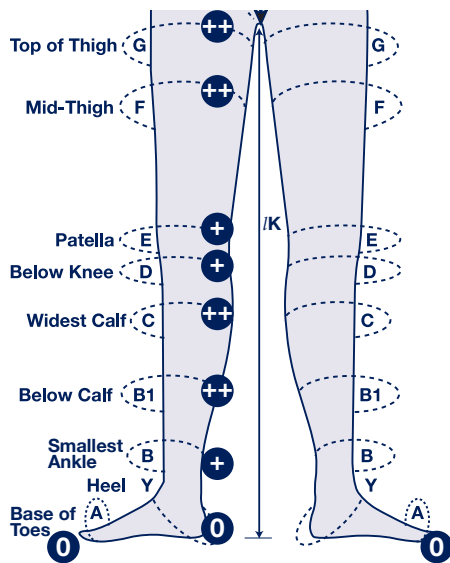
Special AD/AG Options <input type="checkbox"/> Lateral Rise =10% of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)	<input type="checkbox"/> Ankle Comfort Zone <input type="checkbox"/> Knee Comfort Zone (AG only) <input type="checkbox"/> Halux Vargus (slant toe option only)	Decorative Options <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____
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Measuring Guidelines

(Only applicable for Confidence) See Leg

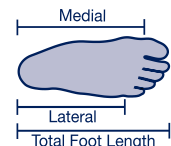
Diagram for applicable tension at each landmark.

- 0** no tension
- +** light tension
- ++** heavy tension



Circumference (c)		Length (l): <small>Taken from each landmark to floor</small>	
Left	Right	Left	Right
		I/K	
cG		I/G	
cF		I/F	
cE		I/E	
cD		I/D	
cC		I/C	
cB1		I/B1	
cB		I/B	
cY		I/A (medial)	
cA		I/A (lateral)	

- Straight Open Toe Length**
Lateral _____ cm
- Straight Closed Toe Length**
Total Foot _____ cm
- Slant Open Toe Length
Medial _____ cm
Lateral _____ cm
- Slant Closed Toe Length
Medial _____ cm
Lateral _____ cm
Total Foot _____ cm



* Design Pressure
** n/a Halux Vargus



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