



Confidence® Order Form CG1



Questions? Call 888-358-1580.

Fax or Email this form to

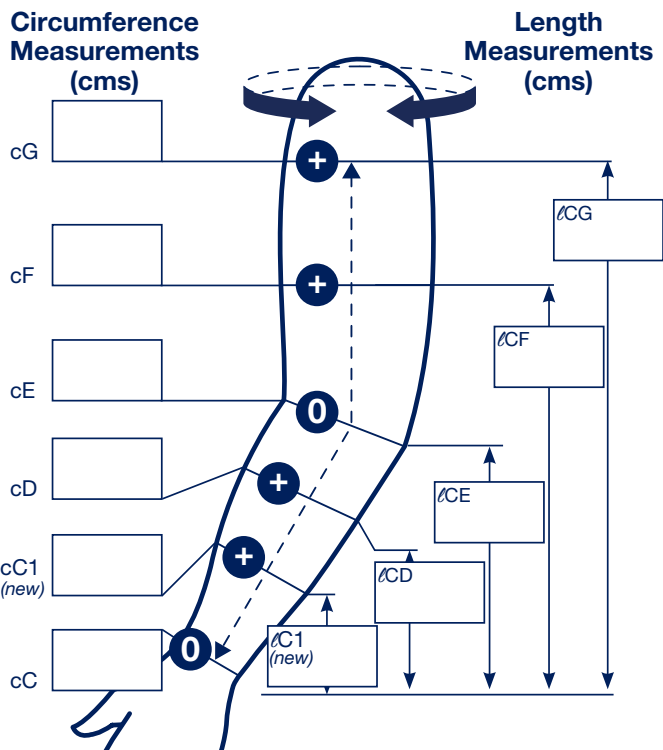
443-455-1402 or

Orders@comfortcaremd.com

Patient Name / _____ DOB _____ Date _____
 Address _____ Gender M F
 City/State/Zip _____
 Diagnosis _____
 Doctor/Address _____
 City/State/Zip _____

Fitter Name _____	Fitter # _____	Fitter Phone _____
Fitter Facility _____	Email _____	
Ship To _____	Name _____	
Address _____	City _____	State _____ Zip _____
Email _____	Phone _____	Fax _____

Color <input type="checkbox"/> Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Red Heather	Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32 mmHg*)
	Left		
	Right		
Lateral Rise is 10% of circumference at G and is not adjustable (ex: if cG is 35cm then lateral rise is 3.5cm)	Elbow Options <input type="checkbox"/> Elbow Comfort Zone Elbow Bend Options <input type="checkbox"/> Elbow 25 Degree (standard) <input type="checkbox"/> Elbow 45 Degree	Decorative Options <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____	Silicone Band <input type="checkbox"/> No Silicone <input type="checkbox"/> SoftFit <input type="checkbox"/> 2.5 Top <input type="checkbox"/> 2.5 Inside 1/2



Measuring Guidelines

(Only applicable for Confidence)
 See Arm Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- cG = 0 no tension with silicone band
- cG = + light tension without band
- lC1 = 5 to 7cm above cC
- (lCG must be taken with the arm bent)

* Design Pressure
 For additional product order forms, please go to:
<http://www.jobstcompressioninstitute.com/resources/orders>