JOBST Confidence®

Confidence® Lower Extremity Order Form

Date:_____ Purchase Order #:_____ Patient Name: _____ DOB: _____

Fitter Name: _____ Fitter #: _____ Phone:_____

Bill To: _____ Ship To:_____

Billing Address:_____ Shipping Address:_____

☐ Last 4 digits of credit card on file OR Exp. _____

☐ New card - call to provide credit card # Billing Zip_____

Name on CC_____

Confirmation Fax # _____

Email_____

By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

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

Style

☐ AD Knee ☐ AG Thigh ☐ AT Panty
☐ AB1 Sock ☐ BT Capri ☐ B1T Capri
☐ CT Capri ☐ ET Bermuda ☐ AG-HT 1 Leg Panty

Color

☐ Beige ☐ Black ☐ Caramel
☐ Hazelnut *NEW!* ☐ Cranberry *NEW!* ☐ Jeans Heather
☐ Red Heather ☐ Anthracite Heather

AD Band Options

☐ Without Silicone
☐ SoftFit Band 5cm (AD only)

AG Band Options

☐ Dotted Band 5cm with Lateral Rise

Confidence Options

☐ Lateral Rise AD/AG (10% of cD/cG)
☐ Men's style
  ☐ with fly
  ☐ without fly
☐ Adjustable Knitted Waistband Women 5cm *NEW!*
☐ Floral Waistband Women 5cm
☐ Elastic Waistband Women 5cm
☐ Adjustable Knitted Waistband Men 4cm *NEW!*
☐ Elastic Waistband Men 4cm
☐ Decorative Line (Front of garment)
☐ Patient Initials Max 2 letters (A-Z) _____
☐ Ankle Comfort Zone
☐ Knee Comfort Zone
☐ Hallux Valgus (slant toe option only)

Seam Optional *NEW!*

☐ Gold ☐ Silver ☐ Multi Color

Motivational Print Options *NEW!*

5cm waistbands only

☐ Empower Yourself ☐ Feel Good ☐ Keep Moving

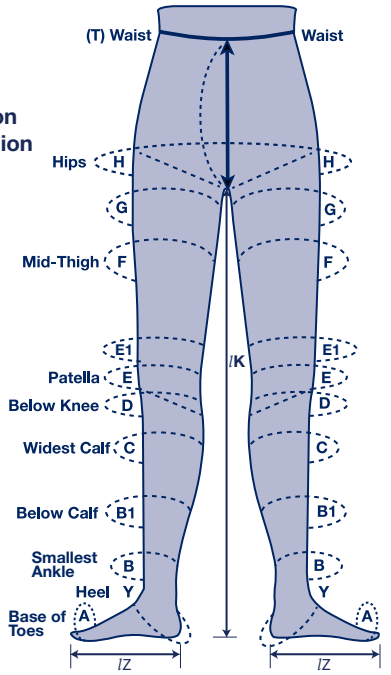
* design pressure

Circum. (*c*)	Length (*l*)	Length (*l*)
cT⁰	lTT	lT
cH⁰	lK3	lH

Circumference (*c*)		Length (*l*): Taken from each landmark to floor	
Left	Right	Left	Right
		lK	
cG⁺⁺/⁺**		lG	
cF⁺⁺		lF	
cE1*		lE1	
cE⁺		lE	
cD⁺/⁰**		lD	
cC⁺⁺		lC	
cB1⁺⁺		lB1	
cB⁺		lB	
cY⁰		AT leg lengths and CCL must be equal.	
cA⁺			

Measuring Guidelines

0 no tension
+ light tension
++ heavy tension

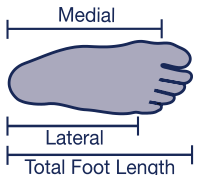


Foot Measurements for both

	Left	Right
Medial lA		
Lateral lA		
Total Foot lZ		

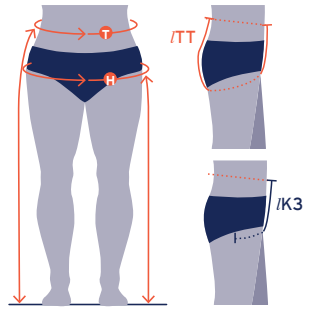
☐ Straight Open Toe ☐ Slant Open Toe
☐ Straight Closed Toe ☐ Slant Closed Toe

Chose one toe option



* cE1 for Bermuda only, measure 4cm above kneecap

** When selecting silicone band & straight ending



Signature: _____

essity
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