



JOBST® Custom™ Seamed Order Form

1 DATE: _____ ☐ ORIGINAL ORDER ☐ REORDER ☐ QUOTE ONLY RUSH Order with charge: ☐ yes	3 DIAGNOSIS: Please Check Appropriate Box(es) ☐ Edema ☐ Lymphedema ☐ Orthostatic Hypotension ☐ Thrombotic Syndrome ☐ Sclerotherapy/ Vein Ligation ☐ Other: List _____ ☐ Venous Ulcer ☐ Varicose Veins ☐ Venous Insufficiency ☐ Arterial Insufficiency
2 GENDER: ☐ MALE ☐ FEMALE	4 REQUIRED ☐ 15-20 mmHg ☐ 20-30 mmHg ☐ 30-40 mmHg ☐ 40-50 mmHg ☐ Other: _____
5 REQUIRED: Date of Birth _____ / _____ / _____ PATIENT NAME _____ Last Name First Patient File Number _____ Address _____ Optional _____ _____ Phone # () _____	
6 DEALER / CLINIC / PRESCRIBER / HOSPITAL _____ Phone # () _____ Facility Account # _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____	
7 SHIP TO _____ Facility Account # _____ Address _____ Cannot ship to a PO Box _____ _____ Attention _____	
8 BILL TO _____ Facility Account # _____ Address _____ ☐ Prepaid _____ Same as ☐ ☐ ☐ Invoice _____ Attention _____ P.O. No. _____	
9 ☐ VISA ☐ MC ☐ AMEX Expiration Date _____ Auth.# _____ Card Number _____ Card Name _____	

Federal Law (USA) restricts the device to the sale by or on the order of a physician.

CUSTOM SEAMED - LOWER EXTREMITIES

10 LEG CIRCUMFERENCE

PATIENT'S NAME and/or FILE # _____

LEFT	TAPE#	RIGHT
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	HEEL 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	+33	
	+34½	
	+36	

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

11 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
100019	Leg Band (Knee or Thigh)				
100538	Foot Glove to Ankle Length				
100539	Foot Glove Extending to Knee Length				
Waist Height: See Box #22 for Body Measurements					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
101114	Waist Height / One Leg, Brief				
101119	Panty Girdle / Two Legs, Above Knee, Closed Pubis				
101111	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101122	Panty Girdle / Two Legs, Above Knee, Open Pubis				
101110	Panty Girdle / Two Legs, Below Knee, Open Pubis				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
Colors					
100150	Beige				
100158	Black				
Options					
101187	Reinforced Heel (per Leg)				
101188	Full Ankle Lining (including Heel) (per Leg)				
101186	Reinforced Knee				
100040	Lining Behind Knee (per Leg)				
101159	Self-material Enclosed Toe (see box 12)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 13)				
101108	Zipper Pull (Plastic)				
101178	Lining Variation				
100027	Pocket				
101117	2" Elastic				
100161	2" Custom Sensitive Silicone				
101121	Abdominal Pelvic Support				
101161	Reduced Pressure Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 ⅞")				
100031	Oversize Charge (60" to 69 ⅞")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
101176	Contracture Seam				
Stumps					
100039	Stump Support, One Stump and Panty				
100037	Chap Style, One Stump				
100038	Chap Style, Two Stump				

CUSTOM SEAMED - FOOT / TORSO

PATIENT'S NAME and/or FILE # _____

12 FOOT MEASUREMENTS	
	LEFT
	RIGHT

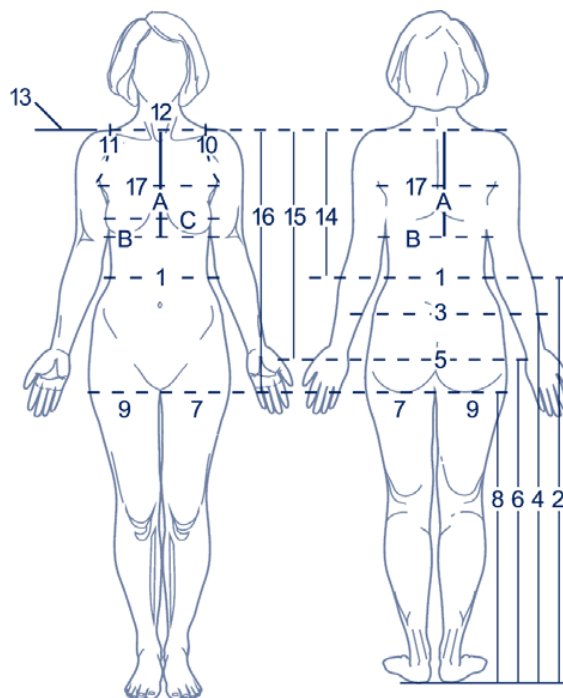
13 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				
Zipper through top support	YES ☐	No ☐		

15 CIRCUMFERENCES					
	CIRCUM			HEIGHT	
Desired Top of Support					
Waist	1			2	
Midpoint Between 1 & 5	3			4	
Largest Part of Buttocks	5			6	
Proximal Thigh Left (at fold of buttocks)	7			8	
Proximal Thigh Right (at fold of buttocks)	9			8	
Left Shoulder	10				
Right Shoulder	11				
Neck	12				
Shoulder Width				13	
Shoulder to Waist				14	
Shoulder to Largest Part of Buttocks				15	
Shoulder to Fold of Buttocks				16	
Chest	17				
End of Support					
Shoulder to End of Support					
Circumference at End of Support					
Measurement for Bra Cups					
Shoulder to Just Under Breast	A				
Circumference Just Under Breast	B				
Circumference Over Nipple Line	C				

14 STYLES			
CAT. NO.	STYLES	QTY.	PRICE EACH
100525	Sleeveless Vest 1, 10-14, 17		
100524	Vest 1 Long Sleeve 1 Short Sleeve 1, 10-14, 17 + arm(s)		
100526	Vest - 2 Short Sleeves 1, 10-14, 17 + arm(s)		
100527	Vest - 2 Long Sleeves 1, 10-14, 17 + arm(s)		
100530	Sleeveless Body Brief 1, 5, 7, 9-17		
100531	Body Brief with Sleeves 1, 5, 7, 9-17 + arm(s)		
100558	Sleeveless Body Suit 1, 5, 7, 9-17 + leg(s)		
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & leg(s)		
101117	2" Elastic		
100161	2" Custom Sensitive Silicone		
100027	Pocket		
101178	Lining Variation		
101118	1" Silicone Elastic (Beaded Dot Silicone band)		
100160	2" Silicone Elastic (Beaded Dot Silicone band)		
100150	Beige		
100158	Black		

If arm or leg measurements are required go to arm or lower extremity section(s).

16 TORSO / BODY DESIGN CHOICES									
	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Self Axilla LT RT	V Neck	Turtle-neck	Scoop Neck
✓ IF YES	☐	☐	☐	☐	☐	☐	☐	☐	☐



CUSTOM SEAMED - ARM

PATIENT'S NAME and/or FILE # _____

17 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100505	Detachable Gauntlet (metacarpals to wrist)			
100515	Half Sleeve (wrist to elbow)			
100516	Half Sleeve & Gauntlet (metacarpals to elbow)			
101155	Half Sleeve (elbow to axilla)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve with Attached Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
101140	Arm Stump to Axilla			
Options				
101164	Zippers (see box 19)			
101167	Lining Inside Elbow			
101168	Lining Full Elbow			
101178	Lining Variation			
100027	Pocket			
101172	Adjustable Shoulder Flap (see box 20)			
101176	Contracture Seam			
110118	1" Silicone Band			
100160	2" Silicone Band			
100150	Beige			
100158	Black			

Standard length zipper is full length. If shorter zipper is desired, please indicate length from wrist.

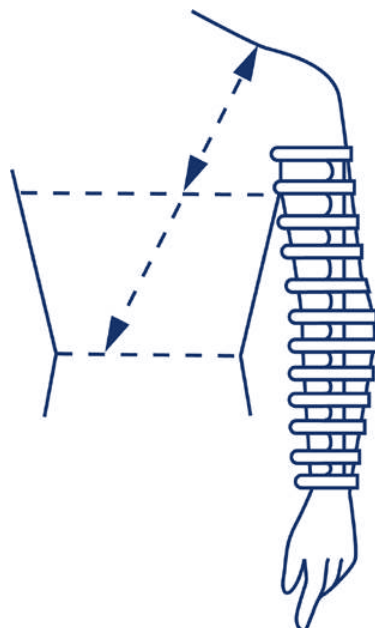
19 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (ulnar) ASPECT (inside)				
POSTERIOR (back of hand)				
ANTERIOR (palm of hand)				

20 SHOULDER FLAP				
LEFT		RIGHT		

Length diagonally from top of shoulder to waist or below breast.

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Give circumference for adjustable flap at waist or below breast.

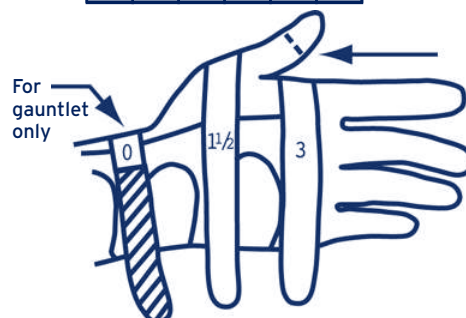


* 18 ARM CIRCUMFERENCE

*Start measuring arm from elbow to wrist then elbow to Axilla

		WRIST			
		LEFT	TAPE#	RIGHT	
		PLEATS			PLEATS
			-6		
			-4 1/2		
			-3		
			-1 1/2		
			0		
			+1 1/2		
			+3		
			+4 1/2		
			+6		
			+7 1/2		
			ELBOW 9		
			+10 1/2		
			+12		
			+13 1/2		
			+15		
			+16 1/2		
			+18		
			+19 1/2		
			AXILLA		

21 THUMB CIRCUMFERENCE				
LEFT		RIGHT		

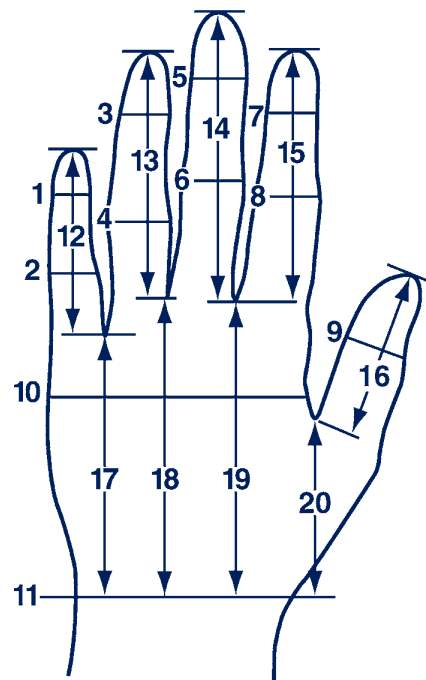


CUSTOM SEAMED - HAND

PATIENT'S NAME and/or FILE # _____

22 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100532	Glove to Axilla			
100533	Glove to Axilla with Shoulder Flap			
100534	Glove to Elbow			
100535	Glove to Wrist			
100536	Interdigital Web Spacer (to be work over glove)			
100537	Mitten to Wrist			
Options				
101164	Zippers (see box 24)			
100027	Pocket			
101178	Lining Variation			
101169	Slant Inserts			
101167	Lining inside Elbow			
101168	Elbow lining (full)			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			

* Hand outlines must have a 1" vertical measurement on the paper



Length must be taken from outline drawings unless fingers are contracted.

*

23 LENGTHS (HAND OUTLINE REQUIRED)							
For Open Tip, mark finished length desired	IF OPEN	LEFT			RIGHT		IF OPEN
Little finger to web between little finger and ring finger	12						
Ring finger to web between ring and middle fingers	13						
Middle finger to web between middle and index fingers	14						
Index finger and web between index and middle finger	15						
Thumb to thumb web	16						
Wrist to web between little and ring fingers	17						
Wrist to web between middle and ring fingers	18						
Wrist to web between index and middle fingers	19						
Wrist to thumb web	20						

24 ZIPPER OPTIONS (mark✓)		
	LEFT	RIGHT
DORSAL (posterior) ASPECT (standard)		
ULNAR (little finger)		
PALMAR (anterior)		

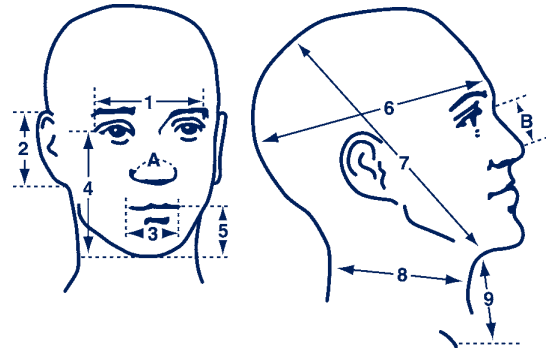
25 CIRCUMFERENCES						
		LEFT			RIGHT	
Little finger DIP	1					
Little finger PIP	2					
Ring finger DIP	3					
Ring finger PIP	4					
Middle finger DIP	5					
Middle finger PIP	6					
Index finger DIP	7					
Index finger PIP	8					
Thumb	9					
Palm	10					
Wrist	11					
1½" beyond Wrist						
3" beyond Wrist						

CUSTOM SEAMED - HEAD

26 HEAD MEASUREMENTS			
Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		

PATIENT'S NAME and/or FILE # _____

27 STYLES / OPTIONS			
CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
Options			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		



ORDER SUMMARY	
SUBTOTAL \$	\$0.00
Next Day Ordering Processing Fee	
SERVICE FEE	
\$15 OPTIONAL OVERNIGHT SHIPPING	
(TAXABLE) SUBTOTAL	\$0.00
TOTAL \$	\$0.00

RUSH Service Phone, email or fax orders may receive this priority service if requested. Your order will be completed and shipped from our facility within "1" day of the day of receipt. The service fee is 30% of the total prices entire order, plus the \$15.00 next day air fee. Available in the USA only.

***REQUEST FOR NEXT DAY AIR SHIPPING OPTION ONLY** (USA only) charge of \$15.00

Essity Fee for reading measuring tapes - \$25.00

BSN Medical Inc., an Essity company

Please enclose remittance or P.O., payable in U.S. funds or their equivalent. Sorry, NO C.O.D.'s

COMMENTS
COMMENTS _____

