JOBST® Custom Seamed

VEST FORM (No Bra Cups)

Date:_____ Purchase Order No.:_____ Fitter.:_____

Patient Name or ID #:_____ Date of Birth: _____ /_____
Month Year

Address _____

Phone:_____ Fax:_____ E-mail*:_____

Account No.:_____

Ship To Address:_____

Bill To Address:_____

☐ Prepaid ☐ Invoice ☐ Same as Ship To

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

DIAGNOSIS: Please Check Appropriate Box(es)

- ☐ Edema
- ☐ Lymphedema
- ☐ Orthostatic Hypotension
- ☐ Thrombotic Syndrome
- ☐ Sclerotherapy / Vein Ligation
- ☐ Venous Ulcer
- ☐ Varicose Veins
- ☐ Venous Insufficiency
- ☐ Arterial Insufficiency
- ☐ Other: _____

Prescribed pressure: _____

1. STYLE

CAT #		QTY	PRICE
100525	SLEEVELESS VEST		
100524	VEST - 1 LONG SLEEVE, 1 SHORT SLEEVE		
100526	VEST - 2 SHORT SLEEVES		
100527	VEST - 2 LONG SLEEVES		

2. OPTIONS

CAT #		QTY	PRICE
100150	BEIGE		N/A
100158	BLACK		N/A
100160	2″ SILICONE BAND		

3. DESIGN CHOICES

	YES	NO
FRONT ZIPPER		
HOOK & EYE (2 SETS) BEHIND ZIPPER		
V-NECK		

BSN medical
an Essity company

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4. BODY MEASUREMENTS

	CIRCUM	LENGTH
LEFT SHOULDER		N/A
RIGHT SHOULDER		N/A
NECK		N/A
CHEST		N/A
SHOULDER WIDTH	N/A	
SHOULDER TO WAIST	N/A	
CIRCUMFERENCE AT WAIST		N/A
SHOULDER TO END OF SUPPORT	N/A	
CIRCUMFERENCE AT END OF SUPPORT		N/A

Please note:
This side of form must be submitted with front side.

5. ARM MEASUREMENTS

WRIST PLEAT	LEFT			TAPE #	RIGHT			WRIST PLEAT
				-6				
				-4 ½				
				-3				
				-1½				
				0				
				+1½				
				+3				
				+4½				
				+6				
				+7½				
				+9 ELBOW				
				+10½				
				+12				
				+13½				
				+15				
AXILLA PLE AT				+16½				AXILLA PLEAT
				+18				
				+19½				