

JOBST® Elvarex® Lower Extremity Order Form

Patient Name / Essity File # _____ DOB _____

Address _____ Gender M ☐ F ☐

City/State/Zip _____

Diagnosis _____ Date _____

Quantity/Class	CCL 1 18-21 mmHg*	CCL 2 23-32 mmHg*	CCL 3 34-46 mmHg*	CCL 3F 34-46 mmHg*	CCL 4 49-70 mmHg*	CCL 4S 60-90 mmHg*
Left						
Right						
Pressure panty Elvarex® (Body Bandage)						

Styles

- ☐ AD Knee
☐ AF Mid-Thigh
☐ AG Thigh
☐ AG-T (AG with chapstyle)
☐ Piece
☐ Pair
☐ AG-HT 1½ Leg
☐ Pantyhose
☐ AT Pantyhose
☐ B'G
☐ BG
☐ FG (leg extension)
☐ GT Biker Shorts
☐ B1G-T Chap
☐ BT Capri
☐ B1T Capri

Color

- ☐ Beige ☐ Stone
☐ Black ☐ Aubergine
☐ Cocoa ☐ Graphite
☐ Navy ☐ Henna
☐ Grey ☐ Denim
☐ Cranberry ☐ Caramel new!
☐ Bronze new!

Seam Color

- ☐ Beige ☐ Caramel new!
☐ Black ☐ Bronze new!
☐ Cocoa ☐ Cranberry
☐ Navy ☐ Grey

Options

- ☐ T-Heel (Class 2-3 forte only)
☐ Profile (Not available with pocket instep)
☐ SoftFit band (Only available CCL1-3, AD only)
☐ Silicone dotted band 2.5cm:
☐ Top
☐ Inside
☐ Inside ¾
☐ Silicone dotted band 5cm:
☐ Top
☐ Inside
☐ Inside ¾
☐ Micro dotted top band 5cm
☐ Lateral Rise AD only
☐ Standard: 4cm
☐ Other: _____cm
☐ Silicone Waistband 5cm
☐ Adjustable Waistband
☐ Ribbed Fleece Waistband 5cm
☐ Ribbed Comfort Waistband w/Velcro 5cm
☐ Sensitive Waistband 5cm
☐ Vertical Silicone Strips AG:
☐ Front ☐ Back
☐ Both
- ☐ Zipper B to D only:
☐ Inside (Medial)
☐ Outside (Lateral)
☐ Zipper E to G only:
☐ Inside (Medial)
☐ Outside (Lateral)
☐ Knee Comfort Zone
☐ (Not available in CCL 1)
☐ Top Comfort Zone
☐ Pocket
☐ Instep
☐ (Not available with Profile)
☐ Back of Knee†
☐ All four sides closed
☐ Crotch options
☐ Standard
☐ With Compression
☐ Fly for Men
☐ Open Pubis
☐ Mesh

Circum. (c)	Length (l)	Length
cT ⁰	/GT	/T
cH ⁺⁺	/KT	/H

Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG ^{++/+++}		/G	
cF ⁺⁺		/F	
cE ⁺		/E	
cD ^{+/0+++}		/D	
cC ⁺⁺		/C	
cB1 ⁺⁺		/B1	
cB ⁺		/B	
cY ⁰		/A (medial)	
cA ⁺⁺		/A (lateral)	

- ☐ Straight Open Toe
Lateral Length _____ cm
☐ Straight Closed Toe
Total Foot Length /Z _____ cm

- ☐ Slant Open Toe
Medial Length _____ cm
☐ Slant Closed Toe
Medial Length _____ cm
Lateral Length _____ cm
Total Foot Length /Z _____ cm

Comments: _____

TO ORDER:

MUST INCLUDE PRESCRIPTION
ORDER FORM (57021)

0 no tension
+ light tension
++ heavy tension

