JOBST® FarrowWrap® Custom Lower Extremity

TO ORDER:

Patient Name / BSN File # _____ DOB_____ Date_____

Address _____ Gender M ☐ F ☐

City / State / Zip_____

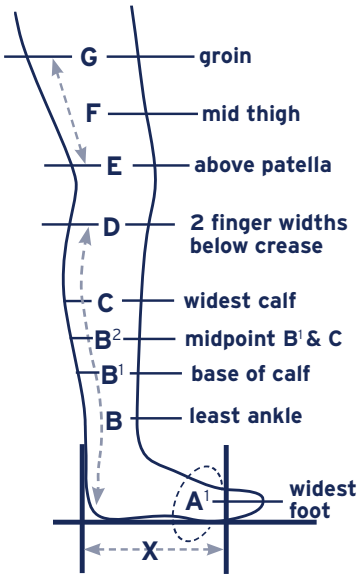
Diagnosis_____

Doctor / Address_____

City / State / Zip_____

PO#

Original Order ☐ Reorder w Changes ☐
Exact Reorder ☐ _____



CIRCUMFERENCE (C)	LEFT	RIGHT
c**G** (groin)		
c**F** (mid thigh)		
c**E** (above patella)		
c**D** (2 finger widths below crease)		
c**C** (widest calf)		
c**B**[2] (midway between cB[1] and cC)		
c**B**[1] (base of calf)		
c**B** (smallest point above ankle)		
c**A**[1] (widest foot)		

LENGTH	LEFT	RIGHT
*l***E-G** (medially)		
*l***A-D** (posteriorly, follow contour)		
*l***X** (from base of toes to heel)		

Base of small toe to heel.

JOBST® FARROWWRAP® LINERS

BSN Code	Description	Quantity
7666800	Farrow Standard AD Liners Small (Leg Circumference < 56cm)	
7666802	Farrow Standard AD Liners Large (Leg Circumference 53-70cm)	
7666900	Farrow TG® Soft AD Liners (S < 40cm)	
7666902	Farrow TG® Soft AD Liners (M 40-70cm)	
7666904	Farrow TG® Soft AD Liners (L > 70cm)	
7667000	Farrow TG® Soft AG Liners (S < 40cm)	
7667002	Farrow TG® Soft AG Liners (M 40-70cm)	
7667004	Farrow TG® Soft AG Liners (L > 70cm)	

BRAND / COMPRESSION	QUANTITY	ADDITIONAL LINERS (additional charge, ordered in pairs)
☐ LITE (20-30mmHg) ☐ CLASSIC (30-40mmHg) ☐ STRONG (30-40mmHg)	Thigh: Left _____ Right _____ Leg: Left _____ Right _____ Foot: Left _____ Right _____ Knee:* Left _____ Right _____ *(only available in Lite and Strong.)	Liner model: ☐ TG Soft ☐ Standard Size: ☐ Small ☐ Medium ☐ Large

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