



Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

JOBST Custom™ Seamed

CUSTOM-MADE VASCULAR GARMENTS ORDER FORM

<p>1</p> <p><input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER</p> <p>HOT-LINE: <input type="checkbox"/> YES</p>	<p>2</p> <p>GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>3</p> <p>SEVERITY <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE</p>	<p>4 DIAGNOSIS: <small>Please Check Appropriate Box(es)</small></p> <table border="0"> <tr> <td><input type="checkbox"/> Edema</td> <td><input type="checkbox"/> Venous Ulcer</td> </tr> <tr> <td><input type="checkbox"/> Lymphedema</td> <td><input type="checkbox"/> Varicose Veins</td> </tr> <tr> <td><input type="checkbox"/> Orthostatic Hypotension</td> <td><input type="checkbox"/> Venous Insufficiency</td> </tr> <tr> <td><input type="checkbox"/> Thrombotic Syndrome</td> <td><input type="checkbox"/> Arterial Insufficiency*</td> </tr> <tr> <td><input type="checkbox"/> Sclerotherapy/ Vein Ligation</td> <td><small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</small></td> </tr> <tr> <td><input type="checkbox"/> Other: List _____</td> <td>_____ mmHg</td> </tr> </table> <p>5 PRESCRIBED PRESSURE: _____</p>	<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer	<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency	<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Arterial Insufficiency*	<input type="checkbox"/> Sclerotherapy/ Vein Ligation	<small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</small>	<input type="checkbox"/> Other: List _____	_____ mmHg
<input type="checkbox"/> Edema	<input type="checkbox"/> Venous Ulcer													
<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Varicose Veins													
<input type="checkbox"/> Orthostatic Hypotension	<input type="checkbox"/> Venous Insufficiency													
<input type="checkbox"/> Thrombotic Syndrome	<input type="checkbox"/> Arterial Insufficiency*													
<input type="checkbox"/> Sclerotherapy/ Vein Ligation	<small>*Physician must indicate compression level on line below or system automatically assigns 25 mmHg:</small>													
<input type="checkbox"/> Other: List _____	_____ mmHg													

26 LEG CIRCUMFERENCES

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	

Pleats

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

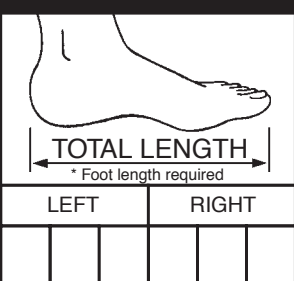
CUSTOM SEAMED – LOWER EXTREMITIES

27 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh 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				
101104	Maternity, _____ month of Pregnancy				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
Colors					
100150	Beige				
100158	Black				
Options					
101187	Reinforced Heel				
101188	Full Ankle Lining (including heel)				
101186	Reinforced Knee				
100040	Lining behind knee				
101159	Self-material Enclosed Toe (see box 28)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 29)				
101108	Zipper Pull (Plastic)				
101161	Reduced Panel Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 7/8")				
100031	Oversize Charge (60" to 69 7/8")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
100176	Contracture Seam				

INDICATE THE FULL LEG

28 FOOT MEASUREMENTS



29 ZIPPER OPTIONS

	LOCATION		LENGTH	
	MARK (✓)		IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (inside) ASPECT				
IN BODY ONLY (waist height only)				