

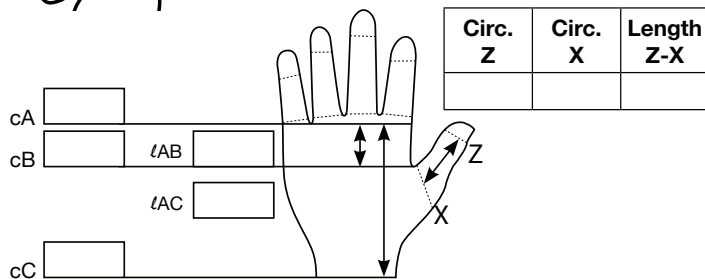
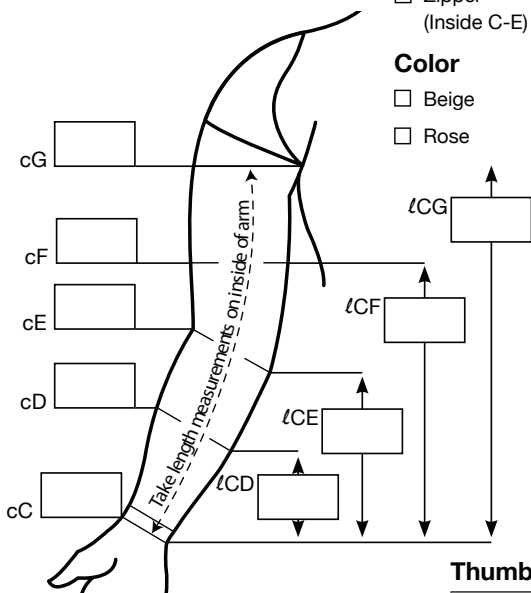
Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ **(example: PT/OT/PTA)**
Date: _____

JOBST® Relax Order Form

Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

- Style**
- C-GI
 - A - GI gauntlet
- Options**
- Zipper
(Inside C-E)
- Color**
- Beige
 - Rose



Lower Extremities

Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

- Basic styles**
- Knee High
 - Thigh High
- Options**
- Zipper
(Back of leg B-D)
- Color**
- Beige
 - Rose

