

CUSTOM-MADE VASCULAR GARMENTS ORDER FORM

<p>1</p> <p>DATE: _____</p> <p><input type="checkbox"/> ORIGINAL ORDER</p> <p><input type="checkbox"/> REORDER</p> <p>HOT-LINE: <input type="checkbox"/> YES</p>	<p>2</p> <p>GENDER:</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p>	<p>3</p> <p>SEVERITY</p> <p><input type="checkbox"/> MILD</p> <p><input type="checkbox"/> MODERATE</p> <p><input type="checkbox"/> SEVERE</p>	<p>4</p> <p>DIAGNOSIS: <small>Please Check Appropriate Box(es)</small></p> <table style="width:100%; border: none;"> <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>	<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
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<input type="checkbox"/> Other: List _____	_____ mmHg														
<p>5</p> <p>PRESCRIBED PRESSURE: _____</p>															
<p>6</p> <p style="text-align: right;">BSN medical File Number _____</p> <p>PATIENT NAME or ID# _____ Date of Birth _____ / _____</p> <p style="text-align: center;"><small>Last Name First Month Year</small></p> <p>Address _____</p> <p style="margin-left: 20px;"><small>Optional</small></p> <p>Phone # () _____</p>															
<p>7</p> <p>PRESCRIBER _____ Phone # _____</p> <p>Address _____ Specialty _____</p>															
<p>8</p> <p>DEALER / CLINIC / HOSPITAL _____</p> <p>Phone # () _____ Acct. # _____</p> <p>Order confirmation: Fax No. _____ or E-Mail address _____</p> <p>Measured By: _____ Fitter # _____</p>															
<p>9</p> <p>SHIP TO _____ Acct. # _____</p> <p>Address _____</p> <p>Attention _____</p>															
<p>10</p> <p>BILL TO _____ Acct. # _____</p> <p>Address _____</p> <p><input type="checkbox"/> Prepaid _____ Same as 9 <input type="checkbox"/></p> <p><input type="checkbox"/> Invoice _____</p> <p>Attention _____ P.O. No. _____</p>															
<p>11</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX Expiration Date _____ Auth.# _____</p> <p>Card Number _____ Card Name _____</p>															

Federal Law (USA) restricts the device to the sale by or on the order of a physician.

CUSTOM SEAMED – ARM

PATIENT'S NAME or ID # (if Faxing Order) _____

12 STYLES / OPTIONS		QTY. LEFT	QTY. RIGHT	PRICE EACH
CAT. NO.	STYLES			
100505	Detachable Gauntlet (metacarpals to wrist)			
100515	Half Sleeve (wrist to elbow)			
100516	Half Sleeve & Gauntlet (metacarpals to elbow)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve and Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
	OPTIONS			
101164	Zippers (see box 14)			
101167	Lining Inside Elbow			
101168	Lining Full Elbow			
101172	Adjustable Shoulder Flap (see box 15)			
100176	Contracture Seam			
101118	1" Silicone Band			
100160	2" Silicone Band			
100150	Beige			
100158	Black			

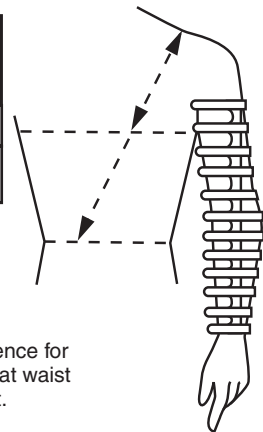
Standard length zipper is full length. If shorter zipper is desired, please indicate length from wrist.

14 ZIPPER OPTIONS		LOCATION		LENGTH	
		MARK (✓)		IN INCHES	
		LEFT	RIGHT	LEFT	RIGHT
LATERAL (radial) (outside) ASPECT	(standard)				
MEDIAL (ulnar) (inside) ASPECT					
POSTERIOR (back of hand)					
ANTERIOR (palm of hand)					

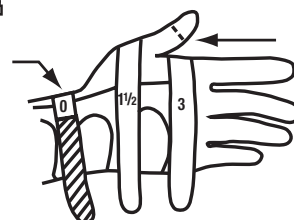
15 SHOULDER FLAP	
LEFT	RIGHT

Length diagonally from top of shoulder to waist or below breast.

Give circumference for adjustable flap at waist or below breast.



16 THUMB CIRCUMFERENCE	
LEFT	RIGHT

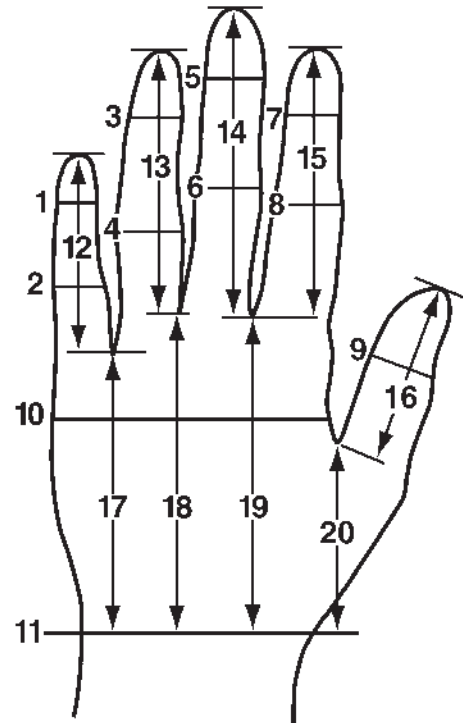


13 ARM CIRCUMFERENCES		LEFT	TAPE#	RIGHT	PLEATS
PLEATS			-6		PLEATS
			-4 1/2		
			-3		
			-1 1/2		
			WRIST 0		
			+1 1/2		
			+3		
			+4 1/2		
			+6		
			+7 1/2		
			ELBOW 9		
			+10 1/2		
			+12		
			+13 1/2		
			+15		
			+16 1/2		
			+18		
			+19 1/2		

CUSTOM SEAMED – HAND

PATIENT'S NAME or ID # (if Faxing Order) _____

17 STYLES / OPTIONS		QTY.	QTY.	PRICE
CAT. NO.	STYLES	LEFT	RIGHT	EACH
100535	Glove to Wrist			
100534	Glove to Elbow			
100536	Interdigital Web Spacer (to be worn over glove)			
100537	Mitten			
	OPTIONS			
101164	Zipper (see box 19)			
101169	Slant Inserts			
100027	Pocket for Padding			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			



Should be taken from outline drawings unless fingers are contracted.

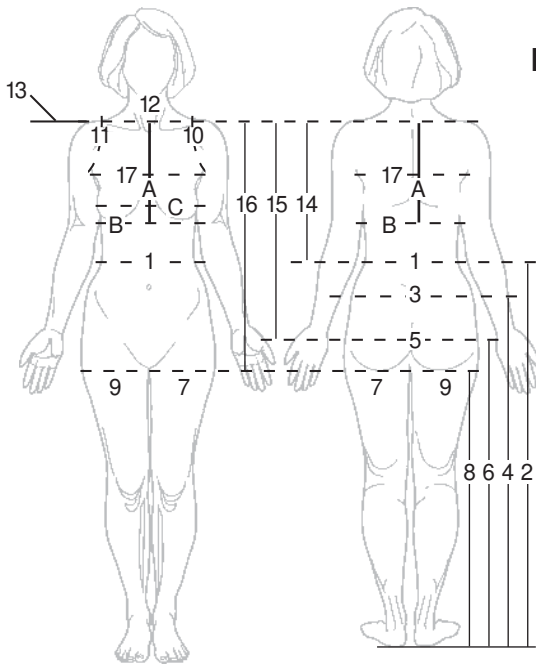
18 LENGTHS (HAND OUTLINE REQUIRED)		IF OPEN	LEFT*	RIGHT*	IF OPEN
Little finger to web between little finger and ring finger	12				
Ring finger to web between ring and middle fingers	13				
Middle finger to web between middle and index fingers	14				
Index finger and web between middle and index fingers	15				
Thumb to thumb web	16				
Wrist to web between little and ring fingers	17				
Wrist to web between middle and ring fingers	18				
Wrist to web between index and middle fingers	19				
Wrist to thumb web	20				

19 ZIPPER LOCATION (mark ✓)		
	LEFT	RIGHT
Dorsal (posterior)		
Ulnar (little finger) (standard)		
Palmar (anterior)		

20 CIRCUMFERENCES		LEFT*	RIGHT*
Little finger DIP	1		
Little finger PIP	2		
Ring finger DIP	3		
Ring finger PIP	4		
Middle finger DIP	5		
Middle finger PIP	6		
Index finger DIP	7		
Index finger PIP	8		
Thumb	9		
Palm	10		
Wrist	11		
1 1/2" beyond Wrist			
3" beyond Wrist			

CUSTOM SEAMED – TORSO / HEAD

PATIENT'S NAME or ID # (if Faxing Order) _____



21		STYLES		
CAT. NO.	STYLES	QTY.	PRICE EACH	
100525	Sleeveless Vest	1, 10-14, 17		
100524	Vest - 1 Long Sleeve and 1 Short Sleeve	1, 10-14, 17 +arm(s)		
100526	Vest - 2 Short Sleeves	1, 10-14, 17 +arm(s)		
100527	Vest - 2 Long Sleeves	1, 10-14, 17 +arm(s)		
100530	Sleeveless Body Brief	1, 5, 7, 9-17		
100531	Body Brief with Sleeves	1, 5, 7, 9-17 + arm(s)		
100558	Sleeveless Body Suit	1, 5, 7, 9-17 + leg(s)		
100560	Body Suit with Sleeves	1, 5, 7, 9-17 + arm(s) & leg(s)		
101163	Velcro® Tabs			
101118	1" Silicone Elastic (Beaded Dot Silicone band)			
100160	2" Silicone Elastic (Beaded Dot Silicone band)			
100150	Beige			
100158	Black			

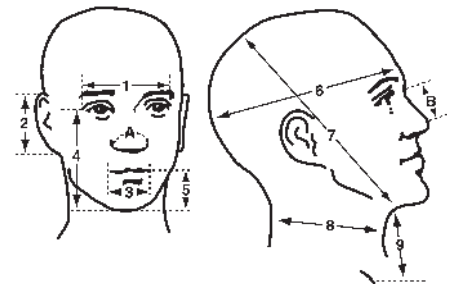
If arm or leg measurements are required go to arm or lower extremity section(s).

22 TORSO / BODY MEASUREMENTS

	CIRCUM		HEIGHT	
Desired Top of Support				
Waist	1		2	
Midpoint Between 1 & 5	3		4	
Largest Part of Buttocks	5		6	
Proximal Thigh Left (at fold of buttocks)	7		8	
Proximal Thigh Right (at fold of buttocks)	9		8	
Left Shoulder	10			
Right Shoulder	11			
Neck	12			
Shoulder Width			13	
Shoulder to Waist			14	
Shoulder to Largest Part of Buttocks			15	
Shoulder to Fold of Buttocks			16	
Chest	17			
Shoulder to Just Under Breast	A			
Circumference Just Under Breast	B			
Circumference Over Nipple Line	C			
Shoulder to End of Support				
Circumference at End of Support				

23 TORSO / BODY DESIGN CHOICES

	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Meshed Axilla LT RT	Self Axilla LT RT	V Neck	Turtleneck	Scoop Neck
(✓) If Yes										



24 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		

25 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
OPTIONS			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		

CUSTOM SEAMED – LOWER EXTREMITIES

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	

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

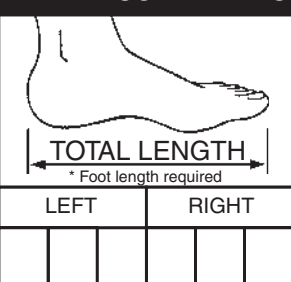
PATIENT'S NAME or ID # (if Faxing Order) _____

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)				

FAX YOUR ORDER FORM

U.S.A. 1-800-835-4325

ORDER SUMMARY

SUBTOTAL	\$.
Add Hot-Line Service Fee - 30% of Subtotal is Applicable	.
POSTAGE & HANDLING	.
SERVICE FEE	.
\$15 OPTIONAL OVERNIGHT SHIPPING	.
INTERNATIONAL SHIPPING COST	.
(TAXABLE) SUBTOTAL	.
ADD APPLICABLE SALES TAX	.
ADDITIONAL TAX (if any)	.
TOTAL	\$.

Hot-Line PHONE ORDER SERVICE TO OBTAIN RUSH DELIVERY. **BSN medical** offers a special, high priority phone order service. After your toll-free phone call, the order will be completed within three work days and rushed to you via FedEx 2nd Day Air or Special Delivery.* Prices of supports so ordered will be increased by 30% to compensate for special handling. This service fee will be withdrawn, automatically, for any order not post-marked within three work days of order date. (Service fee withdrawal does not apply if complete and accurate ordering information is not received with the Hot-Line order.) After entering all necessary information on this form, call toll-free 1-800-537-1063. *Available in U.S.A. only.*

***NEXT DAY SHIPPING OPTION** (in the U.S.A.)
Add \$15.00 to Hot-Line or regular service to select OVERNIGHT SHIPPING.
(In areas where available. Weekdays only)

Tape Fee - \$25.00

Please enclose remittance or P.O., payable in U.S. funds or their equivalent. Sorry, NO C.O.D.'s

COMMENTS

COMMENTS _____



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