

Armsleeve Order Form

Elvarex®, Elvarex® Soft

TO ORDER

https://order.jobst.com/us Fax: (+1) 800-835-4325

Patient Name / BSN File #						
					ler M □	
City/State/Zip						
			PC			
City/State/Zip						
Fitter Name						
Ship To Acct #		Acct Name				
		State Zip				
Bill To Acct #						
		State Zip				
		☐ Last 4 digits of credit card on file OR Exp ☐ New card - call to provide credit card # Billing Zip Name on CC				
	ex® Soft	Quantity/Class	CCL1 (15-21mmHg*)	CCL2 (23-32mmHg*)	CCL2 (23-32mn	
Honey Caramel Honey	y 🗌 Navy	Right				
Style CG Sleeve		Shoulder Cap Options (CH and AH) Shoulder Strap Bra loop with Velcro cm (Bra Strap width)				
/GH	Н	Elbow Options ☐ Elbow Comfort† (CCL 2 only) ☐ Pocket Inside Elbow (Not available with Elbow Comfort)				
	Strap length	Silicone Band	On Top	Inside	Inside	3/4
cG						
of arm	ℓ CG	Zipper†	Inside	Outside	On To	
cF						
	/CF					
cE cD cD	<u> </u>	* Design Pressure *** **CAUTION: This product NOTE: Garments order 4-5 business days from arrival time of 7-10 busi For additional product of				
cc CC						