

# JOBST® Relax Order Form

To Order Online: <https://order.jobst.com/us>  
 Fax: 800 835 4325

Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor / Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

PO#	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	Schema # _____

Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_  
 Fitter Facility \_\_\_\_\_ Fitter email \_\_\_\_\_

Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

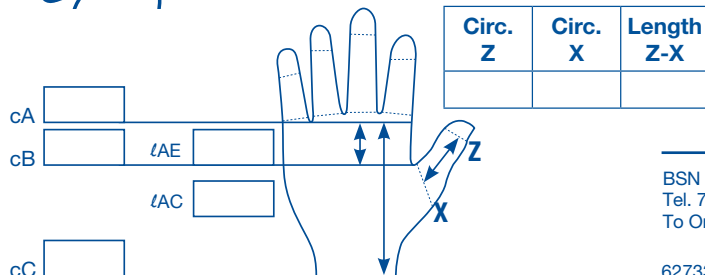
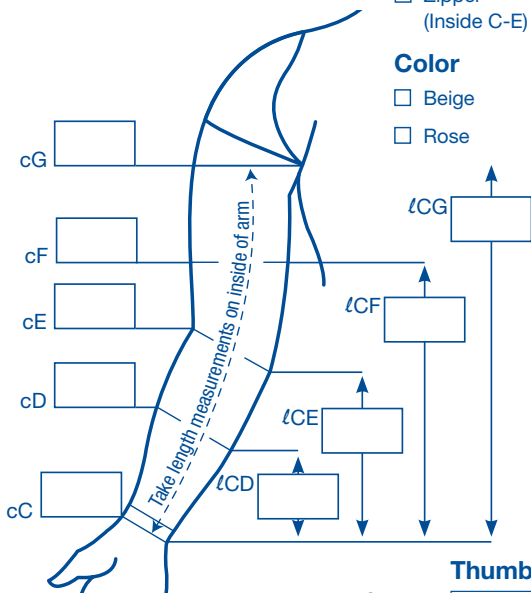
Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

CC # \_\_\_\_\_ Name on CC \_\_\_\_\_  
 Exp Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

## Armsleeves

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

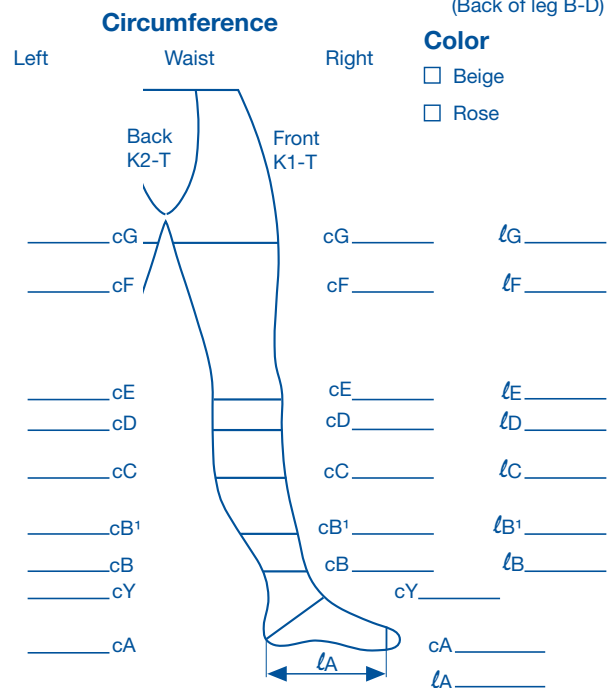
- Style**
- C-GI
  - A - GI gauntlet
- Options**
- Zipper (Inside C-E)
- Color**
- Beige
  - Rose



## 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



BSN medical Inc. 5825 Carnegie Blvd. Charlotte, NC 28209-4633  
 Tel. 704 554 9933 Fax 800 835 4325  
 To Order Online: <https://order.jobst.com/us> To order toll-free: JOBST 800 537 1063

