

JOBST® Relax Order Form

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 _____

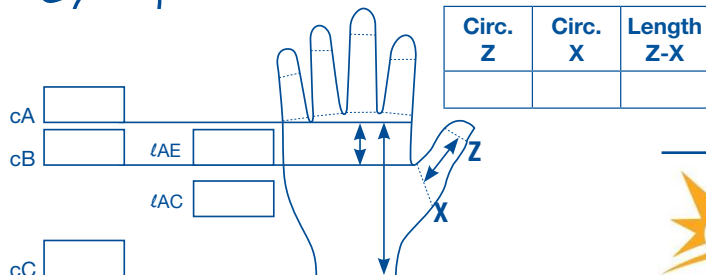
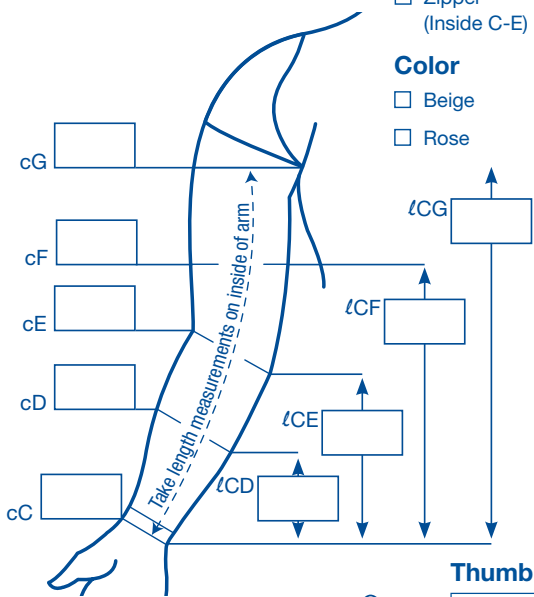
Bill To Acct # _____ Acct Name _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ FAX _____

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

