



# Confidence® Order Form AD/AG

## TO ORDER:

<https://order.jobst.com/us>

Tel: (+1) 800-537-1063

Fax: (+1) 800-835-4325

Patient Name / ID Code or File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

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

City/Province/ Postal Code \_\_\_\_\_

Diagnosis \_\_\_\_\_

### PO#

Original Order  Reorder w Changes

Exact Reorder

Schema # \_\_\_\_\_

Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_  
(Not Required)

Fitter Facility \_\_\_\_\_ Email \_\_\_\_\_

Ship To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bill To Acct # \_\_\_\_\_ Acct Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Confirmation Fax # \_\_\_\_\_

Email \_\_\_\_\_

By choosing communication via email (above), I acknowledge that Personal Health Information associated with this purchase may be transmitted from Essity in a non-encrypted manner.

### Quantity/Class

CCL1  
(18-21mmHg\*)

CCL2  
(23-32mmHg\*)

CCL3  
(34-46mmHg\*)

Left

Right

### Color

- Beige
- Anthracite Heather
- Black
- Jeans Heather
- Caramel
- Red Heather

### Styles

- AD Knee
- AG High

### AD Band Options

- Without Silicone
- SoftFit Band AD  
NOTE: this is a 5 cm band

### AG Band Options

- 5 cm Dotted Band With Lateral Rise (Standard)

### Special AD/AG Options

- Lateral Rise =10% of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)

Ankle Comfort Zone

Knee Comfort Zone (AG only)

Halux Vargus (slant toe option only)

### Decorative Options

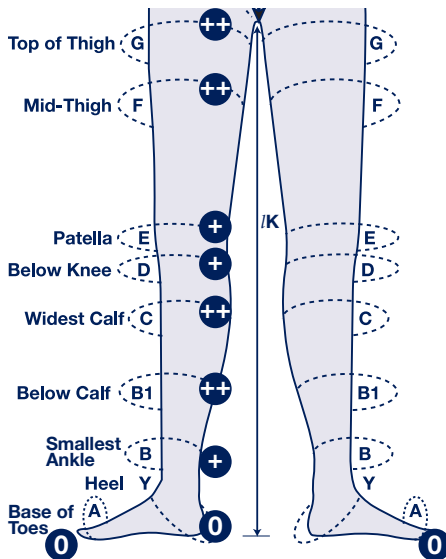
- Decorative Line (Front of garment)
- Patient Initials Max 2 letters (A-Z) \_\_\_\_\_

## Measuring Guidelines

(Only applicable for Confidence) See Leg

Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- ++ heavy tension



Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		lK	
cG		lG	
cF		lF	
cE		lE	
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

Straight Open Toe Length\*\*

Lateral \_\_\_\_\_ cm

Straight Closed Toe Length\*\*

Total Foot \_\_\_\_\_ cm

Slant Open Toe Length

Medial \_\_\_\_\_ cm

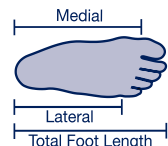
Lateral \_\_\_\_\_ cm

Slant Closed Toe Length

Medial \_\_\_\_\_ cm

Lateral \_\_\_\_\_ cm

Total Foot \_\_\_\_\_ cm



\* Design Pressure  
\*\* n/a Halux Vargus



BSN Medical Inc., an Essity company  
5825 Carnegie Blvd. Charlotte, NC 28209-4633