# JOB

### **VEST**

JOBST <sup>®</sup> Custon	n Seamed	Date:	Purchase Order No.:	Fitter.:		
JOBST CUSCOT	1 Scorrico	Patient Name or	ID #:		Date of Birth:	_ / Year
<b>VEST FORM (No Bra Cups)</b>		Address				
FAX ORDER TO CUSTOMER SERVICE	E AT: (+1) 800 835 4325	Phone:	Fax:	E-mail*:		
		Account No.:				
		Ship To Address:	:			
		Bill To Address:_				
		Prepaid	Invoice Same as Ship To	* By choosing communication via email (at associated with this purchase may be tra		
DIAGNOSIS: Please Check Appro	priate Box(es)					
☐ Edema ☐ Lymphedema	☐ Thrombotic Syndrom☐ Sclerotherapy / Vein		☐ Varicose Veins	Other:		
☐ Orthostatic Hypotension	☐ Venous Ulcer	94.1011	Arterial Insufficiency	Prescribe	d pressure:	

#### 1. STYLE CAT# **PRICE** QTY 100525 SLEEVELESS VEST 100524 VEST - 1 LONG SLEEVE, 1 SHORT SLEEVE 100526 VEST - 2 SHORT SLEEVES 100527 VEST - 2 LONG SLEEVES

2. OF	PTIONS		
CAT #		QTY	PRICE
100150	BEIGE		N/A
100158	BLACK		N/A
100160	2" SILICONE BAND		

3. DESIGN CHOICES		
	YES	NO
FRONT ZIPPER		
HOOK & EYE (2 SETS) BEHIND ZIPPER		
V-NECK		



## JOBST® Custom Seamed

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4. BODY MEASUREMENTS		
	CIRCUM	LENGTH
LEFT SHOULDER		N/A
RIGHT SHOULDER		N/A
NECK		N/A
CHEST		N/A
SHOULDER WIDTH	N/A	
SHOULDER TO WAIST	N/A	
CIRCUMFERENCE AT WAIST		N/A
SHOULDER TO END OF SUPPORT	N/A	
CIRCUMFERENCE AT END OF SUPPORT		N/A

### Please note:

This side of form must be submitted with front side.

WRIST	LEFT	TAPE #	RIGHT	WRIST
PLEAT		-6		PLEAT
		-4 1/2		
		-3		
		-11/2		1
		0		1
		+1½		1
		+3		
		+41/2		
		+6		
		+7½		1
		+9 ELBOW		
		+10½		
		+12		
		+13½		
		+15		
AXILLA		+16½		AXILLA
PLE AT		+18		PLEAT
		+19½		

BSN medical Inc., an Essity company 5825 Carnegie Blvd. Charlotte, NC 28209-4633 • Tel. (+1) 704 554 9933 Fax (+1) 800 835 4325 To Order Online: https://order.jobst.com/us • To order toll-free: JOBST (+1) 800 537 1063







