

# Foot Cap Order Form

Elvarex®, Elvarex® Plus, Elvarex® Soft Seamless

**TO ORDER:**  
<https://order.jobst.com/us>  
Fax: (+1) 800-835-4325

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

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

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

Diagnosis \_\_\_\_\_

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

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

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

Fitter Name \_\_\_\_\_ Fitter # \_\_\_\_\_ Fitter Phone \_\_\_\_\_

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

Confirmation Fax # \_\_\_\_\_  Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

Email \_\_\_\_\_  New card - call to provide credit card #

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

Name on CC \_\_\_\_\_ Billing Zip \_\_\_\_\_

Elvarex®**	Elvarex® Plus**	Elvarex® Soft Seamless	Qty/Class	CCL1 (18-21mmHg)	CCL2 (23-32mmHg)	CCL3† (34-46mmHg)
<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	<input type="checkbox"/> Beige <input type="checkbox"/> Cocoa <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey <input type="checkbox"/> Cranberry	Left			
			Right			

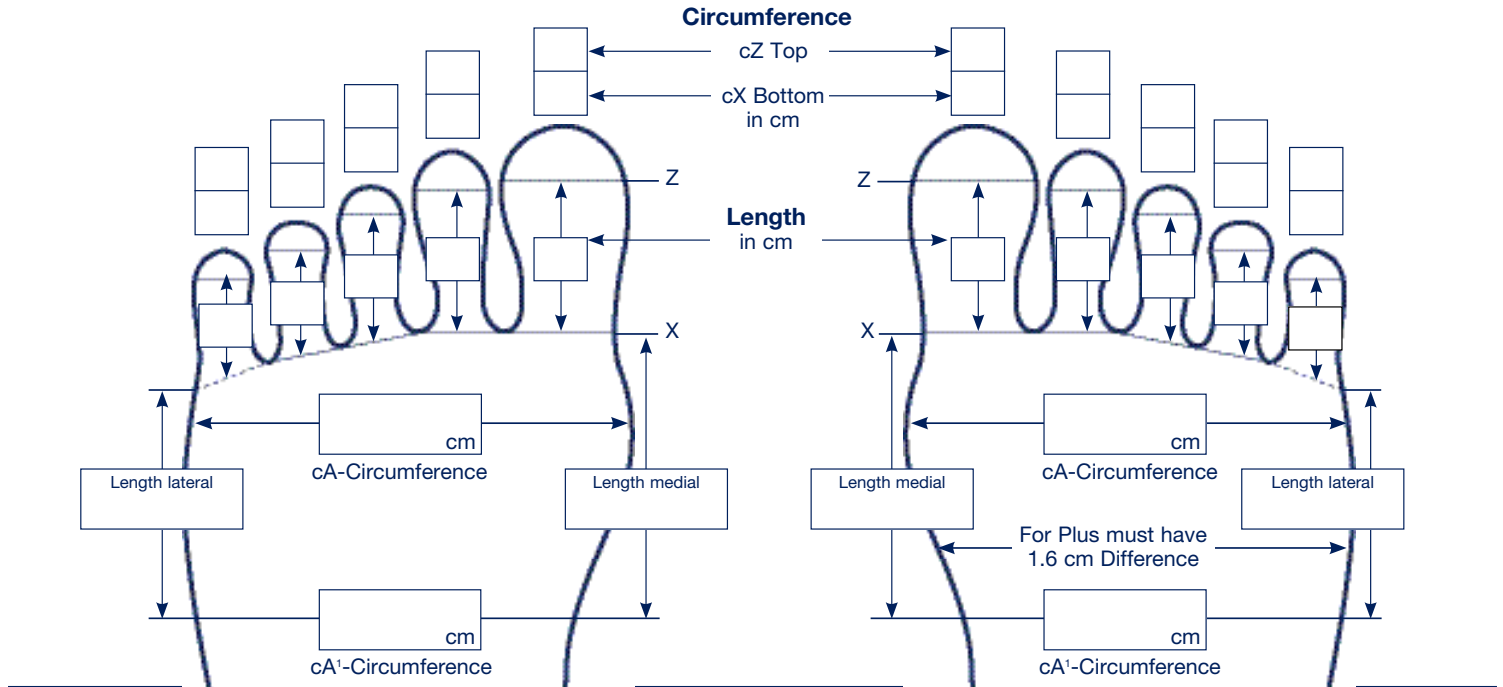
**Small Toe Open\*\*\***

Left  0.5cm  1cm  1.5cm  
Right  0.5cm  1cm  1.5cm

All 5th Toe circumferences are required for Elvarex® Plus, even if choosing open 5th toe option.

**Small Toe Covered\*\*\***

Left  Right



**NOTE:** All Elvarex® garments have an estimated arrival time of 4-5 days. Elvarex® Plus and Elvarex® Soft Seamless garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All other colors for the Elvarex Plus and Soft Seamless have an estimated arrival time of 7-10 business days from the date submitted.

\* Design Pressure † Only available in Elvarex®  
**\*\* CAUTION:** This product contains natural rubber latex which may cause allergic reactions.  
**\*\*\*** Cut-back is only available in Elvarex® and Elvarex® Plus. No cut-back in Elvarex® Soft Seamless.  
For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>