

# Glove/Gauntlet Order Form

Elvarex<sup>®</sup>, Elvarex<sup>®</sup> Plus, Elvarex<sup>®</sup> 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 \_\_\_\_\_

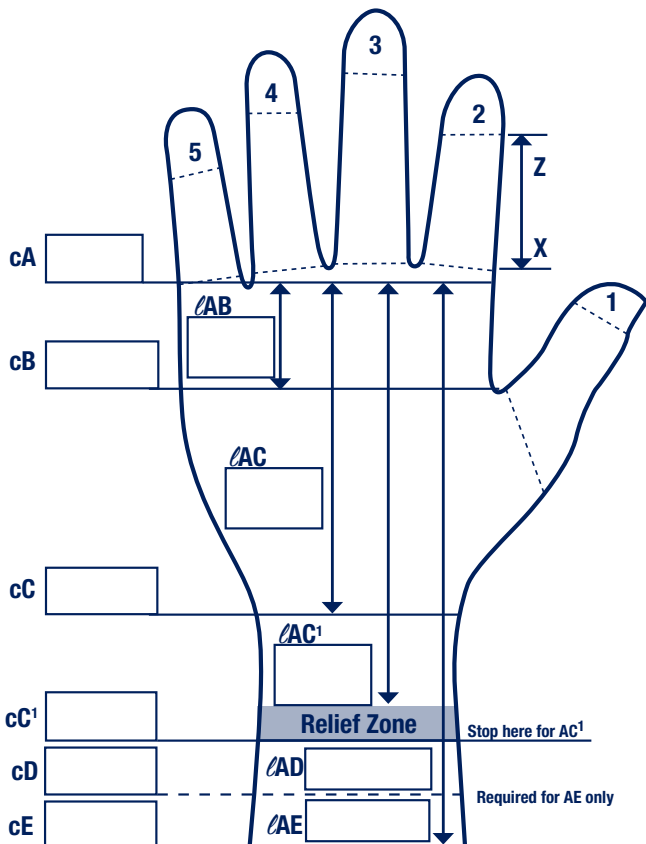
Confirmation Fax # \_\_\_\_\_  Last 4 digits of credit card on file OR Exp. \_\_\_\_\_

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

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.

<b>Elvarex<sup>®</sup>**</b> <input type="checkbox"/> Cherry <input type="checkbox"/> Beige <input type="checkbox"/> Navy <input type="checkbox"/> Black <input type="checkbox"/> Cranberry <input type="checkbox"/> Honey <input type="checkbox"/> Caramel (CCL 1, 2 only)	<b>Elvarex<sup>®</sup> Soft Seamless</b> <input type="checkbox"/> Beige <input type="checkbox"/> Cranberry <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Cherry <input type="checkbox"/> Cocoa <input type="checkbox"/> Honey <input type="checkbox"/> Navy	<b>Elvarex<sup>®</sup> Plus</b> <input type="checkbox"/> Beige <input type="checkbox"/> Cherry <input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Honey <input type="checkbox"/> Cranberry <input type="checkbox"/> Caramel	<b>Qty/Class</b> Left Right	<b>CCL1</b> (15-21mmHg*)	<b>CCL2</b> (23-32mmHg*)	<b>CCL2F†</b> (23-32mmHg*)
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<b>Style</b> <input type="checkbox"/> AC <sup>1</sup> Glove <input type="checkbox"/> AC <sup>1</sup> Gauntlet	<input type="checkbox"/> AE Glove to Elbow >13 cm past wrist <input type="checkbox"/> AE Gauntlet to Elbow ≥13 cm past wrist	<b>Pocket<sup>†</sup></b> <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm	<b>Zipper<sup>†</sup></b> <input type="checkbox"/> Back of hand <input type="checkbox"/> Palm
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	Circ. Z	Circ. X	Length Z-X
Thumb 1			
Finger 2			
Finger 3			
Finger 4			
Finger 5			

\* Design Pressure  
 \*\***CAUTION:** This product contains natural rubber latex which may cause allergic reactions.  
 † Only available in Elvarex<sup>®</sup>  
**NOTE:** Garments ordered in black and beige have an estimated arrival time of 4-5 business days from the date submitted. All others colors have an estimated arrival time of 7-10 business days from the date submitted.  
 For additional product order forms, please go to <http://www.jobstcompressioninstitute.com/resources/orders>