



Bellavar® and Custom Seamless Soft Order Form

Patient's Name/ID Code or File #: _____

Address: _____

City/State/Zip: _____

Date: _____

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

Prescription Order Form 57021 must accompany this form.

Product / Brand	Quantity		Sand	Black	Bronze	Caramel	Navy	Cranberry	Espresso	Sun Bronze
	Left	Right								
Seamless Soft 18-21 mmHg* (CCL 1)										
Seamless Soft 23-32 mmHg* (CCL 2)										
Seamless Soft 34-46 mmHg* (CCL 3)										
Bellavar® 23-32 mmHg* (CCL 2)										
Bellavar® 34-46 mmHg* (CCL 3)										

Basic Styles:

- AD AF AG AG-T AG-HT AT

Options:

- Closed toe Open toe Short foot (closed)

Special Options:

- AD** No Silicone Silicone dotted band 2.5 cm
 Silicone dotted band 5 cm SoftFit™ (only in CCL1 & CCL2)***

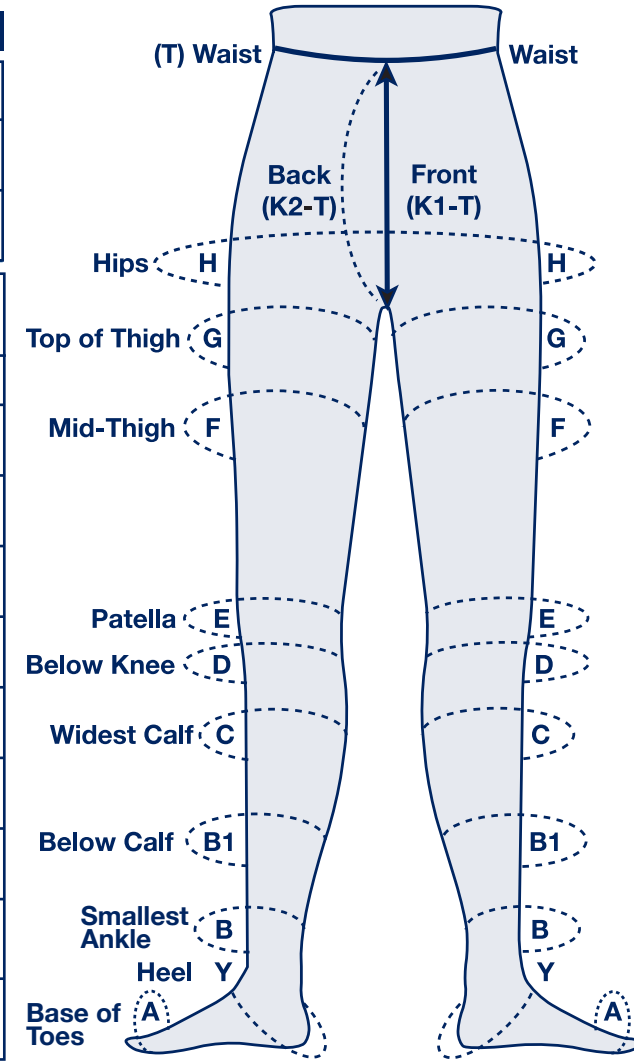
- AF/AG** No Silicone Silicone dotted band 5 cm
 Silicone lace band 6 cm Silicone Soft band 6 cm**
 Sensitive Band (Seamless Soft Only)

- AT** Maternity Fly for Men
 Full compression Regular Adjustable Waist band
 Waist band 2.5 cm** Waist band 5.0 cm**
 Open Pubis Mesh Crotch

Form 57021 must accompany this form.

Circum.(c)	Length (l)	Length (l)
cT	K2-T	lT
cH	K1-T	lH

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



Foot length open toe lA _____ Foot length closed toe lZ _____
 (Not available in slant open or slant closed toe, only straight.)

Comments: _____



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*Design Pressure **Not available in Full Compression or Bellavar® ***Not available in Bellavar®
 Take measurements on edema-free extremities only. All measurements must be recorded in cm.