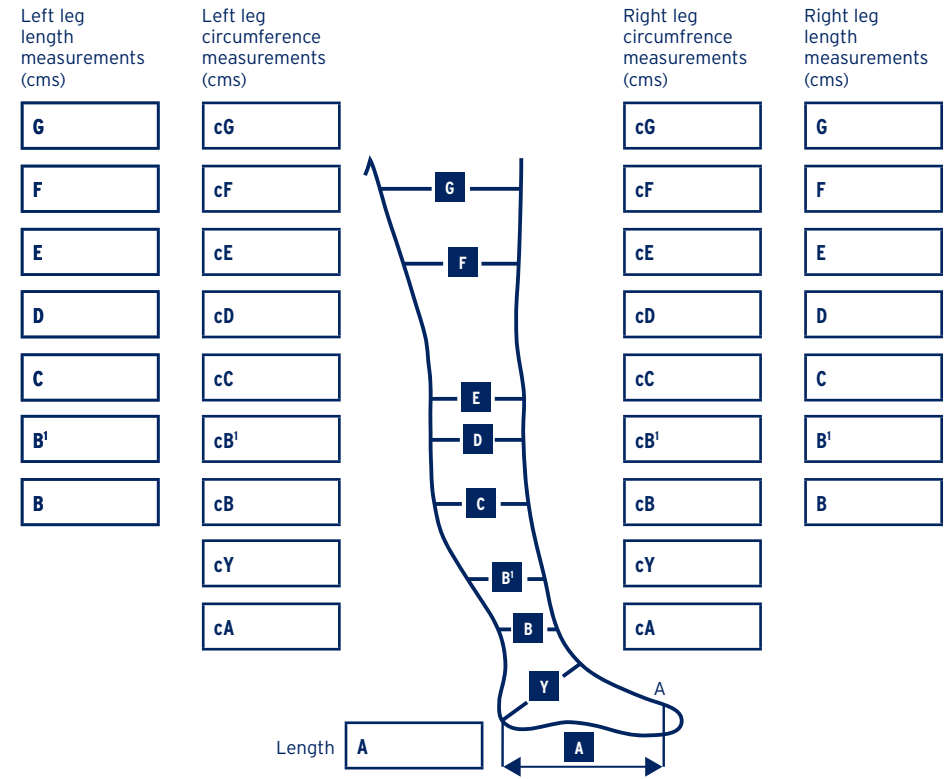
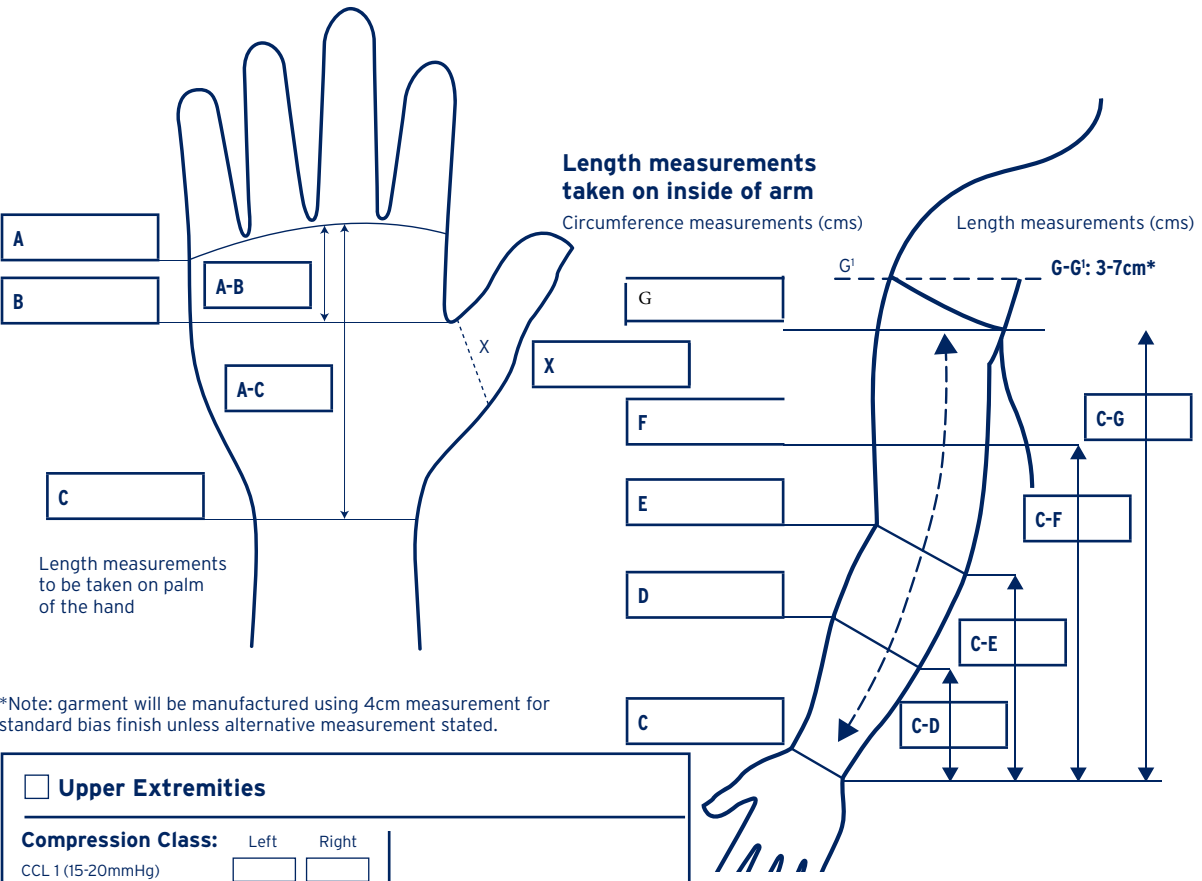


JOBST® Relax

Custom fit order form

TO ORDER PLEASE EMAIL: info@hc21.group

Date: _____ Purchase Order No.: _____ Patient Name: _____
 Measured By: _____ Tel: _____ Email: _____
 Delivery Address: _____ Invoice Address: _____



*Note: garment will be manufactured using 4cm measurement for standard bias finish unless alternative measurement stated.

Upper Extremities

Compression Class: Left Right
 CCL 1 (15-20mmHg)

Colour: Beige Rose

Quantity Required:

Repeat prescription required every months

Style: CG1 Armsleeve (wrist to axilla)
 AG1 Armsleeve with gauntlet

Options: Zipper
 Bias top

Lower Extremities

Compression Class: Left Right
 CCL 1 (15-20mmHg)
 CCL 2 (20-30mmHg)

Colour: Beige Rose

Quantity Required:

Repeat prescription required every months

Style: AD Knee high
 AG Thigh high

Options: Zipper
 Open toe
 Straight foot

