

Date: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Measured By: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

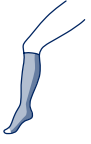


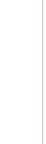



Invoice Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Garments Options

		Available options							Colour
Description		 Knee high	 Thigh high with options of silicone top bands	 Tights	 Open toe	 CCL 1	 CCL 2	 CCL 3	
JOBST® UltraSheer	Outstanding sheerness for an elegant and stylish appearance	✓	✓	✓	✓	✓	✓		Natural, Caramel*, Bronze*, Espresso* Anthracite, Black
JOBST® Opaque	Comfortable and soft	✓	✓	✓	✓	✓	✓		Natural, Caramel, Bronze, Navy, Black
JOBST® forMen Ambition	Timeless ribbed design, indistinguishable from a man's dress sock	✓				✓	✓		Black, Dark grey, Brown, Navy, Khaki
JOBST® forMen Explore	Higher cotton content, indistinguishable from a sock	✓				✓	✓		Black, Dark grey, Navy, Khaki

\*closed toe only

Please use instructions and measurement charts on the reverse of this sheet to select size.

Prescription Request

Please ask your patient to present this form to their prescriber to obtain the hosiery on prescription.

Date: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Measured by: \_\_\_\_\_

\_\_\_\_\_

Please **tick** or write as appropriate:

Brand:

☐ JOBST® UltraSheer

☐ JOBST® Opaque

☐ JOBST® forMen Ambition

☐ JOBST® forMen Explore

Style:

☐ Knee high

☐ Thigh high

☐ Tights

Colour:

\_\_\_\_\_

Top band option for thigh high:

☐ Sensitive

☐ Dotted

☐ Lace

Toe option:

☐ Open toe

☐ Closed toe

NB JOBST® forMen is always closed toe and below knee

Size:

\_\_\_\_\_

Length:

\_\_\_\_\_

Compression class:

\_\_\_\_\_

I would like to request JOBST®

brand / style / colour / toe option / size / length / compression class

\_\_\_\_\_

Code:

☐☐☐☐☐☐ - ☐☐

Repeat prescription required every

☐ months

# JOBST® Ready-to-Wear Measuring Information

## How to use the measuring chart

Step 1

Measure the points on the diagram below and write the measurements in the column provided.

Example:

VI	Measurements
iO-68	46
i9-81	58

Step 2

Look along the row and circle the number ranges that your measurement fits into. This will probably be more than one column.

Example: If cA measurement is 22cm

	I	II	III	IV	V	VI	Measurements
cG silicone band wide	49-57	53-62	57-67	61-72	65-77	69-81	
cG	43-57	45-62	49-67	53-72	56-77	60-81	
cF	39-52	41-56	44-60	47-65	50-69	53-73	
cE	30-37	33-40	35-43	37-45	39-48	41-51	
cD	27-33	29-36	32-39	34-42	36-45	38-48	
cC	28-34	30-37	33-40	35-43	37-46	39-49	
cB1	23-27	24-29	26-32	29-35	31-37	33-39	
cB	18-20	20-22	22-24	24-26	26-28	28-30	
cY	26-31	28-33	29-35	31-37	32-38	33-40	
cA	17-22	19-24	21-26	23-29	25-32	27-34	

Step 3

Use the circling process for the remaining measuring points up the limb.

Example:

cA 22cm  
cY 33cm  
cB 23cm

point	I	II	III	IV	V
cG silicone band	43-48	45-52	49-56	53-60	56-64
cG silicone band wide	49-57	53-62	57-67	61-72	65-77
cG	43-57	45-62	49-67	53-72	56-77
cF	39-52	41-56	44-60	47-65	50-69
cE	30-37	33-40	35-43	37-45	39-48
cD	27-33	29-36	32-39	34-42	36-45
cC	28-34	30-37	33-40	35-43	37-46
cB1	23-27	24-29	26-32	29-35	31-37
cB	18-20	20-22	22-24	24-26	26-28
cY	26-31	28-33	29-35	31-37	32-38
cA	17-22	19-24	21-26	23-29	25-32

Step 4

At completion, you will see a line of best fit in one column. There is a number at the top of this column, this is your size.

Example:

I	II	III	IV	V	VI	Measure
48	45-52	49-56	53-60	56-64	60-68	
57	53-62	57-67	61-72	65-77	69-81	
57	45-62	49-67	53-72	56-77	60-81	
52	41-56	44-60	47-65	50-69	53-73	
37	33-40	35-43	37-45	39-48	41-51	
33	29-36	32-39	34-42	36-45	38-48	34
34	30-37	33-40	35-43	37-46	39-49	35
27	24-29	26-32	29-35	31-37	33-39	29
20	20-22	22-24	24-26	26-28	28-30	23
31	26-33	28-33	31-37	32-38	33-40	33
22	19-24	21-26	23-29	25-32	27-34	22

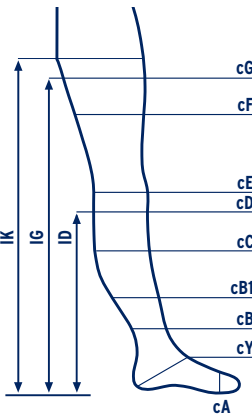
Step 5

Take a length measurement, choose the appropriate length measurement under the chart.

Please note, the most important measurements to take are cB, cC and cD, but taking other measurements is likely to identify the best fitting size. Some patients may fit into more than one size, use clinical judgement to select. If there is no clear line of best fit, this patient may need a made to measure flat-knit garment.

## JOBST® UltraSheer / JOBST® Opaque

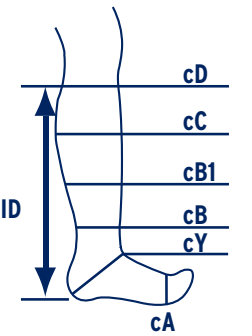
For below knee garments, measurement above cD is not required.



Measurement point	RAL Compression classes 1 (18-21mmHg) and 2 (23-32mmHg)						Measurements
	I	II	III	IV	V	VI	
cG silicone band	43-48	45-52	49-56	53-60	56-64	60-68	
cG silicone band wide	49-57	53-62	57-67	61-72	65-77	69-81	
cG	43-57	45-62	49-67	53-72	56-77	60-81	
cF	39-52	41-56	44-60	47-65	50-69	53-73	
cE	30-37	33-40	35-43	37-45	39-48	41-51	
cD	27-33	29-36	32-39	34-42	36-45	38-48	
cC	28-34	30-37	33-40	35-43	37-46	39-49	
cB1	23-27	24-29	26-32	29-35	31-37	33-39	
cB	18-20	20-22	22-24	24-26	26-28	28-30	
cY	26-31	28-33	29-35	31-37	32-38	33-40	
cA	17-22	19-24	21-26	23-29	25-32	27-34	
Length							

**Length measurements in cm:**  
AD: ID petite 34-39, ID regular 39-45    AG: IG petite 60-69, IG regular 70-80    AT/AG-T: IK petite 65-75, IK regular 75-85

## JOBST® forMen Ambition / JOBST® forMen Explore



Measurement point	RAL Compression classes 1 (18-21mmHg) and 2 (23-32mmHg)						Measurements
	1	2	3	4	5	6	
cD	28-34	31-38	34-41	37-46	40-49	42-52	
cC	30-36	32-40	34-43	38-47	40-50	43-53	
cB1	23.5-27.5	26-30.5	28.5-33	31-36.5	33.5-39	35.5-41.5	
cB	18-20	20-22	22-24	24-26	26-28	28-30	
cY	26-31	28-33	29-35	31-37	32-38	33-40	
cA	17-22	19-24	21-26	23-29	25-32	27-34	
Length							

**Length measurements in cm:** regular 39 - 45cm, long 45 - 51cm

Prescription request

If requesting a prescription please complete order form and return to the prescriber. The codes for specific products can be found on this form