

Patient: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Fitter: \_\_\_\_\_ Clinic \_\_\_\_\_

Fitter Title: \_\_\_\_\_ (example: PT/OT/PTA)

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

# JOBST Relax Order Form



## Armsleeves

Quantity/Class	CCL 1 (15-20 mmHg*)
Left	
Right	

### Style

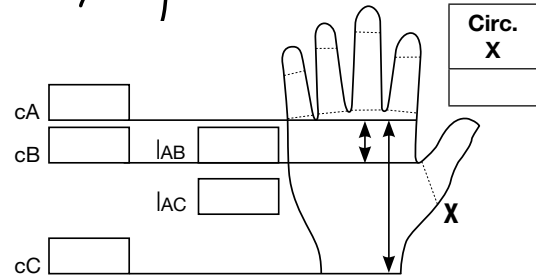
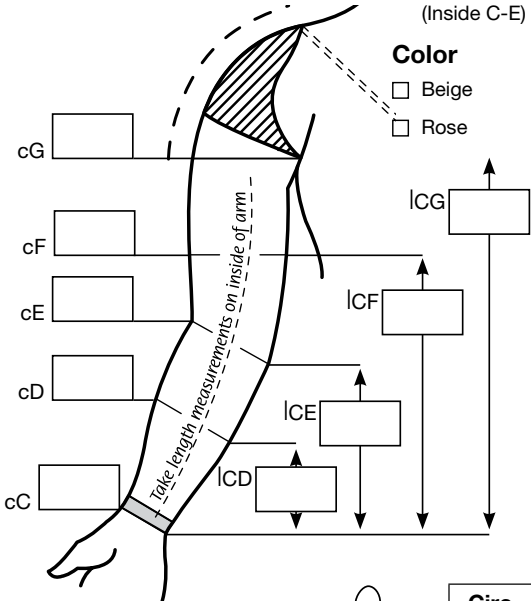
- C-GI
- A - GI gauntlet

### Options

- Zipper  
(Inside C-E)

### Color

- Beige
- Rose



## Lower Extremities

Quantity/Class	CCL 1 (15-20 mmHg*)	CCL 2 (20-30 mmHg*)
Left (AD and AG)		
Right (AD and AG)		

### Basic styles

- Knee High
- Thigh High

### Options

- Zipper  
(Back of leg B-D)

### Color

- Beige
- Rose

### Circumference

