





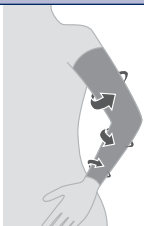

JOBST® FarrowWrap® Ordering Form



| | |
|--------------------------------|--------|
| Doctor/Nurse/Clinician's name: | Phone: |
| Client's name: | Phone: |
| Client's address: | |
| Order No.: | Date: |

| Style | Fabric | Size | Ordering Code | Quantity |
|---|---|--|---------------|----------|
| Hybrid Liner Compression in the foot only | <input type="checkbox"/> ADI (20-30mmHg) <input type="checkbox"/> ADII (30-40mmHg) | <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> Regular Foot <input type="checkbox"/> Wide Foot | | |
| Footpiece (Fits midfoot 22-40cm circumference) | <input type="checkbox"/> LITE (20-30mmHg) <input type="checkbox"/> STRONG (30-40mmHg) <input type="checkbox"/> CLASSIC (30-40mmHg) | <input type="checkbox"/> Xsmall <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> Regular <input type="checkbox"/> Long | | |
| Legpiece (Fits 36-68cm circumference, 35-51cm length) | <input type="checkbox"/> LITE (20-30mmHg) <input type="checkbox"/> STRONG (30-40mmHg) <input type="checkbox"/> CLASSIC (30-40mmHg) | <input type="checkbox"/> Xsmall <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> Regular <input type="checkbox"/> Tall | | |
| Kneepiece | <input type="checkbox"/> LITE (20-30mmHg) <input type="checkbox"/> STRONG (30-40mmHg) | <input type="checkbox"/> Xsmall <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge | | |
| Thighpiece (Comes with knee piece) | <input type="checkbox"/> LITE (20-30mmHg) <input type="checkbox"/> STRONG (30-40mmHg) <input type="checkbox"/> CLASSIC (30-40mmHg) | <input type="checkbox"/> Xsmall <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> Short <input type="checkbox"/> Regular <input type="checkbox"/> Tall | | |
| Armsleeve | <input type="checkbox"/> LITE (20-30mmHg) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Black <input type="checkbox"/> Beige | <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Short <input type="checkbox"/> Regular <input type="checkbox"/> Long | | |
| Farrow Toe Cap/Glove | (20-30mmHg) | <input type="checkbox"/> Xsmall <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large | | |
| Gauntlet | <input type="checkbox"/> LITE (20-30mmHg) | <input type="checkbox"/> Xsmall <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large | | |
| Liner options | When a foot piece and leg piece are purchased together one pair of AD liners are supplied <u>free</u> . Please state preference: <input type="checkbox"/> Silver (closed toe) Size <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Soft (open toe) Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large When a foot piece, leg piece and thigh piece are purchased together one pair of AG liners are supplied <u>free</u> . Please state preference: <input type="checkbox"/> Soft (open toe) Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large | | | |

JOBST® FarrowWrap® Measurement Record

| | | Left | Right | Size |
|---|--------------------|------|-------|------|
| Legpiece | | | | |
|  | Calf | | | |
| | Ankle | | | |
| | Length | | | |
| Footpiece | | | | |
|  | Mid foot | | | |
| | Length | | | |
| Thighpiece | | | | |
|  | Groin | | | |
| | Above Knee | | | |
| | Length | | | |
| Kneepiece | | | | |
|  | Above knee | | | |
| | Calf | | | |
| | | Left | Right | Size |
| Armsleeve | | | | |
|  | Wrist | | | |
| | Elbow | | | |
| | Axilla | | | |
| | Length | | | |
| Gauntlet | | | | |
|  | Palm A | | | |
| | Palm B | | | |
| | Wrist C | | | |
| Toe Cap/ Glove | | | | |
|  | Metatarsal Heads A | | | |

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Local JOBST Stockist