

Patient: Last Name: _____ First Name _____

Fitter: _____ Clinic _____

Fitter Title: _____ (example: PT/OT/PTA)

Date: _____

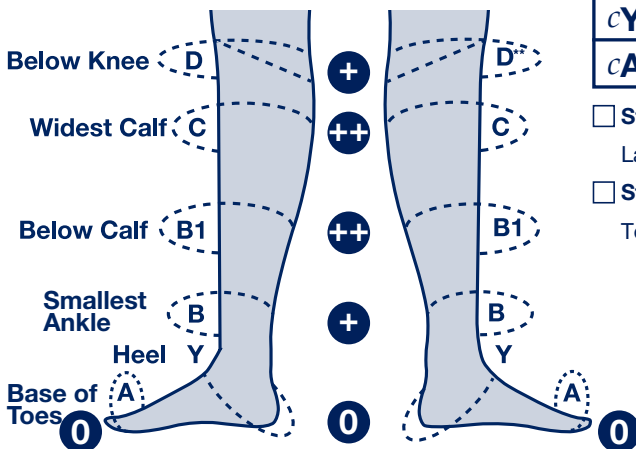
JOBST Confidence® Order Form AD

Color <input type="checkbox"/> Beige <input type="checkbox"/> Caramel <input type="checkbox"/> Anthracite Heather <input type="checkbox"/> Black <input type="checkbox"/> Jeans Heather <input type="checkbox"/> Red Heather	Quantity/Class	CCL1 (18-21mmHg*)	CCL2 (23-32mmHg*)	CCL3 (34-46mmHg*)
	Left			
	Right			
Special Options <input type="checkbox"/> Lateral Rise =10% of circumference at D and is not adjustable (ex: if cD is 35cm then lateral rise is 3.5cm)	<input type="checkbox"/> Ankle Comfort Zone	Decorative Options <input type="checkbox"/> Decorative Line (Front of garment) <input type="checkbox"/> Patient Initials Max 2 letters (A-Z) _____		Band Options <input type="checkbox"/> Without Silicone <input type="checkbox"/> SoftFit Band AD <small>NOTE: this is a 5cm band</small>

Measuring Guidelines

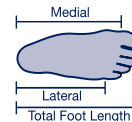
(Only applicable for Confidence)
See Leg Diagram for applicable tension at each landmark.

- 0 no tension
- + light tension
- ++ heavy tension



Circumference (c)		Length (l) : Taken from each landmark to floor	
Left	Right	Left	Right
cD		lD	
cC		lC	
cB1		lB1	
cB		lB	
cY		lA (medial)	
cA		lA (lateral)	

- | | | |
|---|--|--|
| <input type="checkbox"/> Straight Open Toe Length | <input type="checkbox"/> Slant Open Toe Length | <input type="checkbox"/> Slant Closed Toe Length |
| Lateral _____ cm | Medial _____ cm | Medial _____ cm |
| <input type="checkbox"/> Straight Closed Toe Length | Lateral _____ cm | Lateral _____ cm |
| Total Foot _____ cm | | Total Foot _____ cm |



* Design Pressure
** See Special Options for lateral rise