

JOBST® Confidence Measurement Form

Custom Made Lower Limb



Patient _____
 Surname _____ First Name _____

Male Female

Date _____

Compression Class	CL 1	CL 2	CL 3
Left			
Right			

Style

- AD B1T
 AG ET
 AG-HT AB1
 AT CT
 BT

Colour

- Beige Red Heather
 Black Anthracite Heather
 Caramel Jeans Heather
 Hazelnut Cranberry

Additional Features

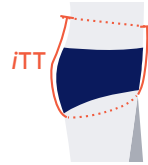
- Soft Fit (AD only)
 Silicone dots (AG only)
 Slip Form
 Comfort Zone Ankle
 Comfort Zone Knee
 Straight Foot
 Oblique Foot
 Closed Toe
 Open Toe
 Hallus Valgus Zone
 Left foot Right foot

Design Options

- Decorative Seams
 Gold Silver
 Multi-coloured
 Deco line
 Initials
 Floral Waistband 5 cms
 Comfort waistband
 Motivational print
 Keep Moving Feel good
 Empower Yourself
 Male Fly

Comments

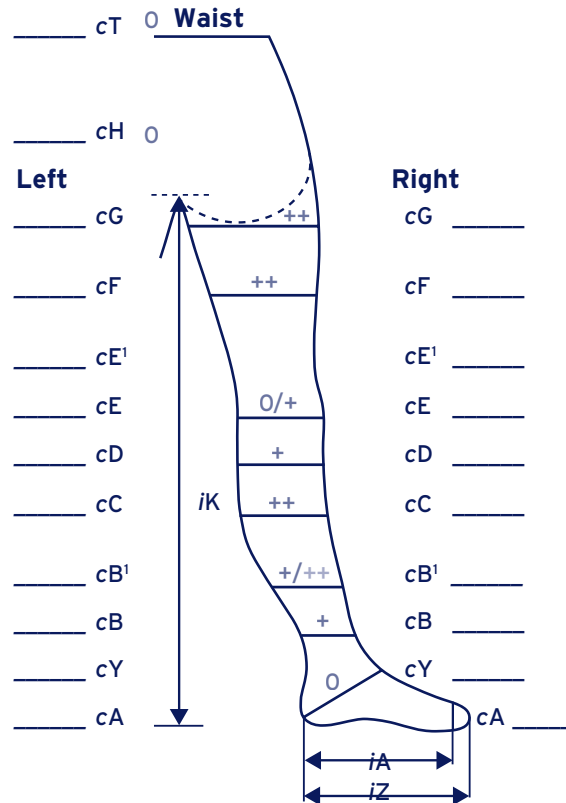
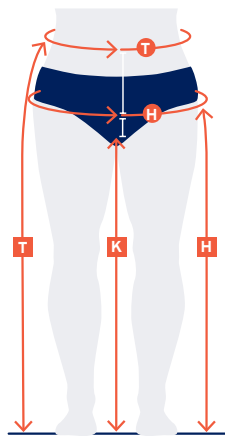
Circumferences



iTT must be at least twice as long as IK3



iK3 can be a maximum of half of ITT, but no more than 50cm



Lengths

K3 _____
 Measured from the waist (T), to the middle of the crotch without tightening.

TT _____
 Measure from the waist (T), via the crotch to the back of where the garment will end. Do not apply tension.

iT _____

iH _____

iK _____

Approx. 2cm above the crotch/on the pubic bone.

iG _____

iF _____

iE¹ _____

iE _____

iD _____

iC _____

iB¹ _____

iB _____

Foot lengths

Total foot length _____

Medial length _____

Lateral length _____

