



JOBST® Relax Measurement Form

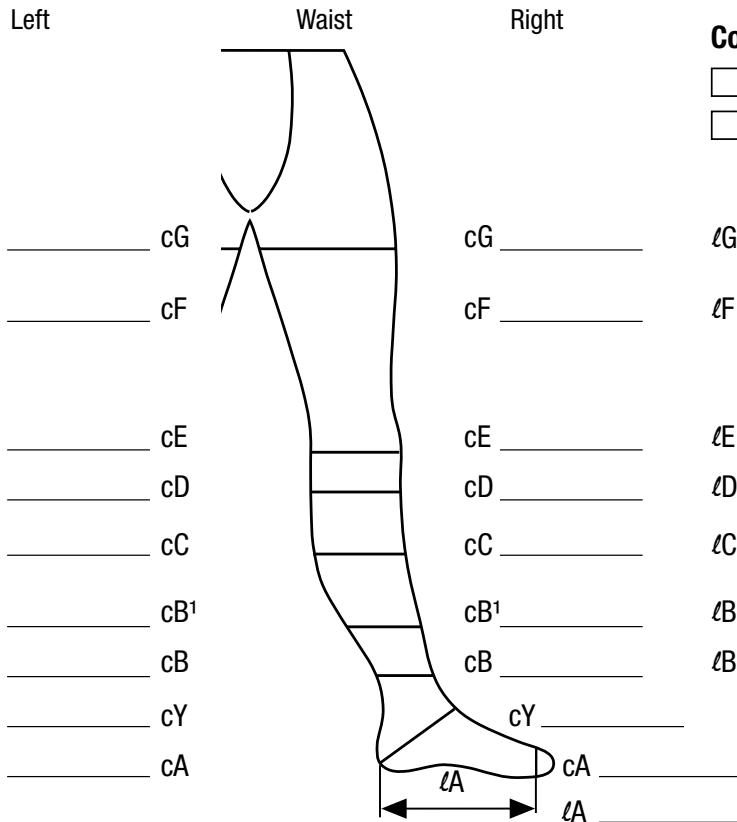
Patient Name: _____

Date _____

Lower Extremities

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

Circumference



Basic styles

- Knee High
- Thigh High

Options

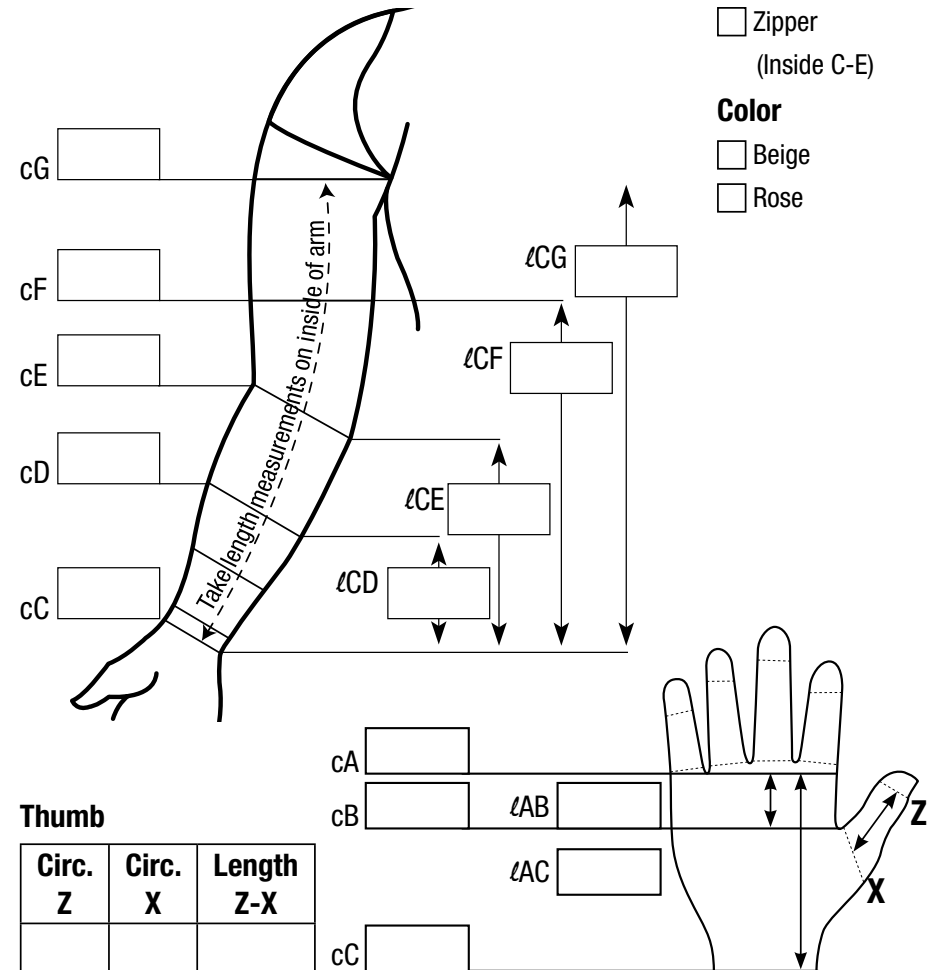
- Zipper
- (Back of leg B-D)

Color

- Beige
- Rose

Armsleeves

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



Basic styles

- C-GI
- A - GI gauntlet

Options

- Zipper
- (Inside C-E)

Color

- Beige
- Rose

Thumb

Circ. Z	Circ. X	Length Z-X

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