




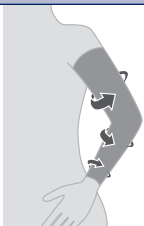
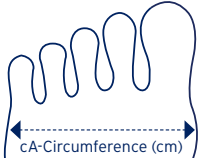
JOBST® FarrowWrap® Ordering Form



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"/> 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	<p>When a foot piece and leg piece are purchased together one pair of AD liners are supplied <u>free</u>. Please state preference:</p> <p><input type="checkbox"/> Closed toe Size <input type="checkbox"/> Small <input type="checkbox"/> Large</p> <p><input type="checkbox"/> Open toe Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large</p> <p>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:</p> <p><input type="checkbox"/> Open toe Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large</p>			

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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