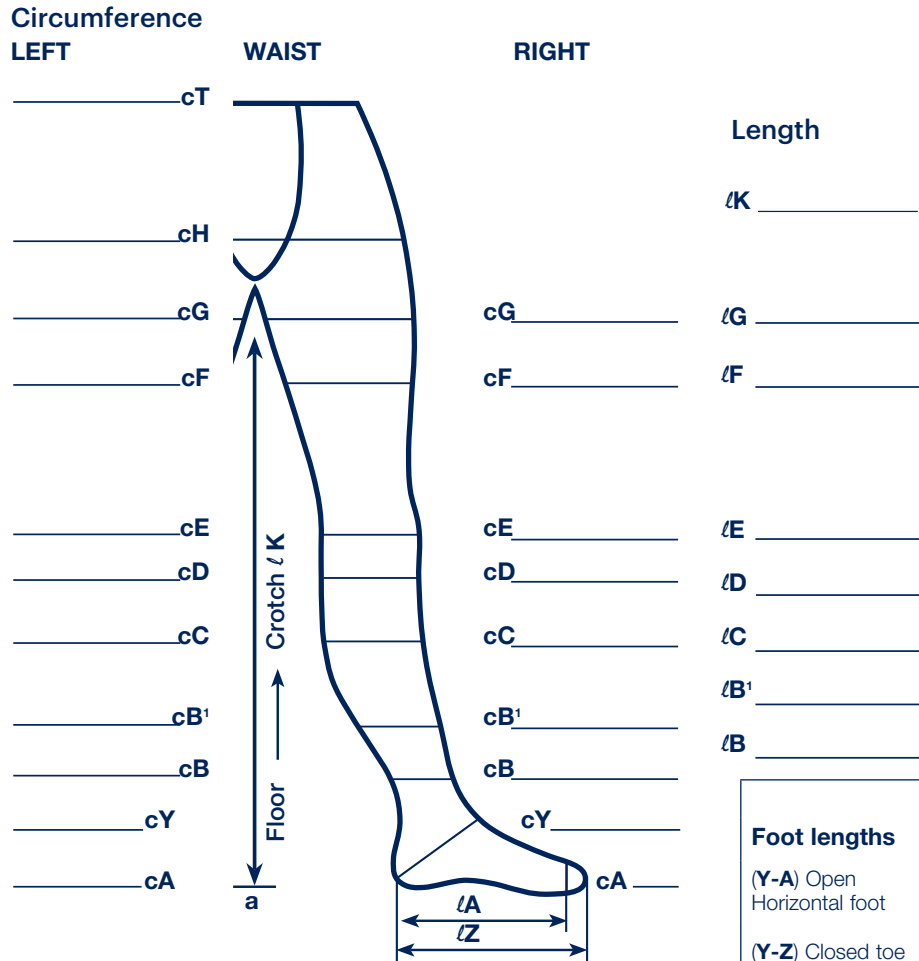


JOBST® Confidence Line Lower Limb Order form

Patient: _____
Surname First Name

Purchase date: _____

Male Female



Quantity/Class (mmHg or CCL)	Left	Right
20mmHg/CCL 1		
30mmHg/CCL 2		
40mmHg CCL 3		

Styles

AD AG

Options

- Horizontal foot Oblique Foot
- Closed toe Open toe

lD-D1 and lG-G1 slip form is calculated as 1/10 of the circumference of D and G respectively.

Additional features

- Ankle comfort zone
- Knee comfort zone
- Decorative line (front)
- Initials _____ (max. 2 letters)
- Hallux Valgus zone
- Right foot Left foot

Fixation options

- SoftFit (AD only)
- Slip form
- Silicone Top Band 5cm on top (AG only)

Colour

- Beige Red Heather
- Black Jeans Heather
- Caramel Anthracite heather

Comments

Foot lengths	Oblique toe				
	LEFT	RIGHT		LEFT	RIGHT
(Y-A) Open Horizontal foot			Medial		
(Y-Z) Closed toe			Lateral		