

# Prescription Order Form



All orders must be faxed or mailed.  
 No phone orders accepted.  
 Fax: 1-800-835-4325  
 For questions: 1-800-537-1063

**Prescription Order must accompany all JOBST Elvarex, Seamless Soft, and Bellavar orders.**

For Elvarex, both a certification and fitter number are required. Please call 1-800-537-1063 to learn more about our Certification Trainings.

**1** DATE \_\_\_\_\_

Original Order

Reorder with Changes

Exact Reorder

Seamed

Elvarex

Elvarex Soft

Seamless Soft

Bellavar

**2** GENDER

Male

Female

**6** Prescribing Physician Name \_\_\_\_\_

Specialty \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**3** DIAGNOSIS Check Appropriate Box(es)

Edema                       Stasis Ulcer                       Arterial

Lymphedema                       Varicose Veins                      Insufficiency

Orthostatic Hypotension                       Venous Insufficiency                       Sclerotherapy/

Thrombotic Syndrome                       Other                      Vein Ligation

**7** Measured By \_\_\_\_\_

Custom Fitter # \_\_\_\_\_ Phone \_\_\_\_\_

Facility \_\_\_\_\_

**4** Order Confirmation (FAX number or email address)

FAX # \_\_\_\_\_

Email Address \_\_\_\_\_

**8** BSN medical Inc. Account # \_\_\_\_\_

Ship To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Attention \_\_\_\_\_

**5** BSN medical Inc. File # \_\_\_\_\_

Patient Name/ID Code or File # \_\_\_\_\_  
Last Name First

Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

Permanent  Yes  No      Date of Birth (mth/yr) \_\_\_\_\_

Phone \_\_\_\_\_

**9** BSN medical Inc. Account # \_\_\_\_\_ P.O # \_\_\_\_\_

Bill To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Attention \_\_\_\_\_

**BSN medical Inc.**  
 5825 Carnegie Blvd., Charlotte, NC 28209-4633  
 PO Box 471048, Charlotte, NC 28247-1048 U.S.A.  
 Tel. 704-554-9933  
 Fax 1-800-835-4325

For BSN medical Internal Use Only

Authorization # \_\_\_\_\_

Prescriber # \_\_\_\_\_

Bill To # \_\_\_\_\_

Ship To # \_\_\_\_\_

Diagnosis # \_\_\_\_\_

If paying by credit card       AMEX       Mastercard       Visa

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

(Billing to facility only – no individual patient credit cards)