



Graduated Compression Hosiery

Cash Sale Order Form

Prices Effective: Jan 2017

Product prices: (including GST)

Description	Price	Description	Price
Socks for Men		Relief (available CT and OT)	
• Knee High 15-20mmHg	\$44.50	• Knee High 20-30mmHg	\$75.80
• Knee High 20-30mmHg	\$74.20	• Knee High 30-40mmHg	\$75.80
• Knee High 30-40mmHg	\$75.80	<i>(full calf in L & XL sizes available)</i>	
• Thigh High 20-30mmHg	\$88.00	• Thigh High 20-30mmHg	\$101.00
• Thigh High 30-40mmHg	\$90.00	• Thigh High 30-40mmHg	\$101.00
Active Wear Socks		• Waist High 20-30mmHg	\$101.00
• Knee High 15-20mmHg	\$44.50	• Waist High 30-40mmHg	\$101.00
• Knee High 20-30mmHg	\$74.20	• Chaps Style Open Toe 20-30mmHg	\$118.70
• Knee High 30-40mmHg	\$75.80	• Chaps Style Open Toe 30-40mmHg	\$118.70
For Men Casual		<i>(For chaps - please specify left or right leg)</i>	
• Knee High 15-20mmHg	\$44.50	UltraSheer	
• Knee High 20-30mmHg	\$74.20	• Knee High 15-20mmHg	\$46.60
• Knee High 30-40mmHg	\$75.80	• Knee High 20-30mmHg	\$52.60
Jobst Elvarex Soft Knee High		• Knee High 30-40mmHg	\$61.50
<u>Class 2</u>		• Thigh High 15-20mmHg	\$77.00
Short	\$140.00	• Thigh High 20-30mmHg	\$85.80
Long	\$140.00	• Thigh High 30-40mmHg	\$85.80
<u>Class 3</u>		• Waist High 15-20mmHg	\$77.00
Short	\$140.00	• Waist High 20-30mmHg	\$85.80
Long	\$140.00	• Waist High 30-40mmHg	\$85.80
UlcerCare		• Maternity 15-20mmHg	\$106.20
• Complete Care Kit	\$100.70	• Maternity 20-30mmHg	\$106.20
• Replacement Liners (3)	\$53.00	<i>(15-20mmHg available CT and OT)</i>	
Jobst Accessories		Travel Socks 15-20mmHg	
• Body Adhesive 59ml	\$27.60	• Sizes 1 - 5	\$33.00
• Jobst Stocking Donner	\$102.30	Order Process fee (std delivery) \$8.00	
		Order Process fee (rural delivery) \$10.00	
		Orders are processed upon receipt of payment	

Order details: (Please Print clearly)

NOTE: Please refer to the Jobst Catalogue for sizes and codes

Product Description	Length	Size	Colour	Compression Level	Closed/Open Toe (Relief and Ultrasheer)	Quantity	Code (if known)

Ordering by Post:
Please send completed order form and cheque to:
Home Healthcare Equipment Ltd
10 Donovan Street
Blockhouse Bay
Auckland 0600

Ordering by Fax:
Please send completed order form with credit card details to:
Home Healthcare Equipment Ltd
09) 627 6240

Ordering by Phone: 0800 300 789 or 09) 6276241

Ordering by Email:
homehealthequip@clear.net.nz

Website: www.homehealthcare.co.nz

Direct Credit payable to account number:
06-0153-0439970-01 (ANZ)
Please quote your surname and JOBST as a reference

Credit Card payment as detailed below:

Please circle card type VISA MASTERCARD

C/C Number: _____

Expiry Date: _____

Name on Card: _____

Authorised Signature: _____

Cheque enclosed payable to Home Healthcare Equipment Ltd

Delivery details: (Please print clearly)

Name: _____

Address: _____

Phone: _____

A HEALTH PROFESSIONAL CONSULTATION IS RECOMMENDED PRIOR TO WEARING GARMENTS ABOVE 20mmHg

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