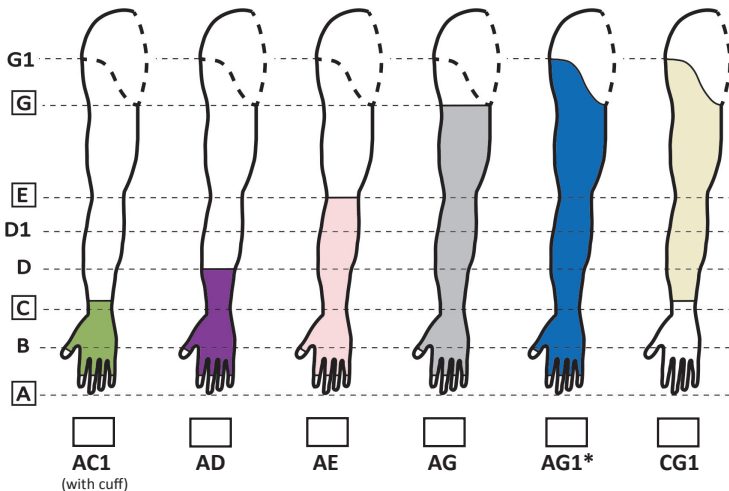


|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>PAYMENT INFORMATION</b>   |  |   |  | Date   |  |
| JoViPak Account #  |  | <input type="checkbox"/> Bill to Account                  |  | PO #   |  |
| <input type="checkbox"/> Charge Credit Card  |  | Card Exp. Date  |  | Patient Name   |  |
| Card #   |  |   |  | Fax Confirmation #   |  |
| Name on Card   |  |   |  | Email Confirmation   |  |
| <b>BILLING ADDRESS</b>   |  |   |  | <b>SHIPPING ADDRESS</b>  |  |
|  |  |   |  | <input type="checkbox"/> Same as Billing Address   |  |
| Business Name  |  |   |  | Business Name  |  |
| Address  |  |   |  | Address  |  |
| Attention  |  |   |  | Attention  |  |
| City   |  | State   |  | City   |  |
| Phone  |  | Zip   |  | Phone  |  |
| <b>ORDER SPECIFICATIONS</b>  |  |   |  |  |  |
| <input type="checkbox"/> Quote Only  |  | <input type="checkbox"/> Quote & Proceed                  |  | <input type="checkbox"/> Dealer Pricing  |  |
|  |  |   |  | <input type="checkbox"/> MSRP  |  |
| <b>RUSH OPTION</b> <input type="checkbox"/> Additional 25% charge for 3 business day production period   |  |   |  |  |  |
| <b>SHIPPING</b> <i>Shipping rates may vary, depending on services requested and/or rates charged by carrier.</i>   |  |   |  |  |  |
| <input type="checkbox"/> FedEx® (2 day shipping)<br>\$10.00 to business addresses; \$13.25 to residential addresses<br>(Additional services may be available; contact JoViPak to discuss.) |  | <input type="checkbox"/> Check if shipping to a residence |  | <input type="checkbox"/> USPS Priority Mail Flat Rate® Small or Medium box<br>For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.) |  |



\*May be ordered as at two piece garment (separate hand)

|   |   |                                      |
|---|---|--------------------------------------|
| <b>Polartec® Power Dry® Colors</b>                      |   |                                      |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Buff                   | <input type="checkbox"/> French Blue |
| <input type="checkbox"/> Glacier Blue                   | <input type="checkbox"/> Leaf Green (x-Static®) | <input type="checkbox"/> Navy Blue   |
| <input type="checkbox"/> Pink                           | <input type="checkbox"/> Plum                   | <input type="checkbox"/> Royal Blue  |
| <input type="checkbox"/> Stainless Steel                | <input type="checkbox"/> White (soft pink hue)  |                                      |
| <b>Polartec® Silkweight Colors</b>                      |   |                                      |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Blue Ridge             |                                      |
| <b>Organic Cotton &amp; Spandex Colors</b>              |   |                                      |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Ivory                  | <input type="checkbox"/> Royal Blue  |
| <b>Techsheen Colors (for the Combi Arm Sleeve only)</b> |   |                                      |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Buff                   |                                      |
| <b>SUPER Powernet Colors (for the InnaSleeve only)</b>  |   |                                      |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Buff                   |                                      |

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Questions? Call us at 1-866-888-5684 or email to [info@jovipak.com](mailto:info@jovipak.com)

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at [www.jovipak.com](http://www.jovipak.com)

# Arm Sleeves Custom

FAX COMPLETED FORM TO 1-877-760-4943

Patient Name: \_\_\_\_\_ Previous Patient?  Yes  No  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Primary (congenital) or  Secondary Lymphedema  
*(if no selection is made, JoViPak will default to Secondary Lymphedema)*

Measure extended arm in relaxed position, palm up.

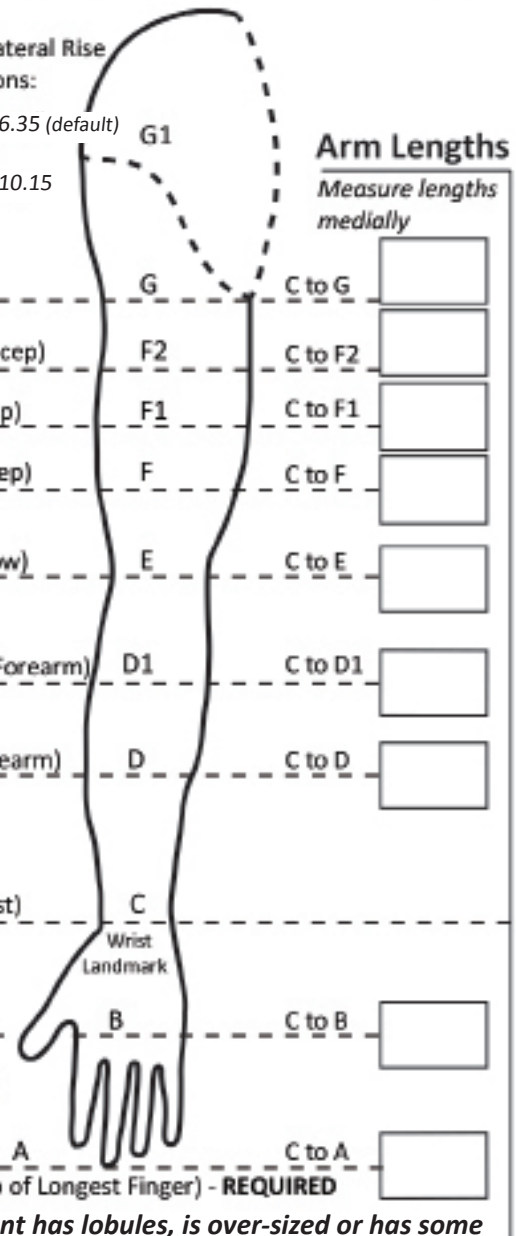
Please record measurements in centimeters.

**Circumference**

| Left                 | Right                |  |    |                              |
|----------------------|----------------------|--|----|------------------------------|
| <input type="text"/> | <input type="text"/> | G-(Axilla)                                     | G  | C to G <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | F2-(Upper Bicep)                               | F2 | C to F2 <input type="text"/> |
| <input type="text"/> | <input type="text"/> | F1-(Mid Bicep)                                 | F1 | C to F1 <input type="text"/> |
| <input type="text"/> | <input type="text"/> | F-(Lower Bicep)                                | F  | C to F <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | E-(Least Elbow)                                | E  | C to E <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | D1-(Widest Forearm)                            | D1 | C to D1 <input type="text"/> |
| <input type="text"/> | <input type="text"/> | D-(Distal Forearm)                             | D  | C to D <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | C-(Least Wrist)                                | C  |                              |
| <input type="text"/> | <input type="text"/> | B-(Palm at Web Space)<br>Do not include thumb. | B  | C to B <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | A<br>(Tip of Longest Finger) - REQUIRED        | A  | C to A <input type="text"/>  |

**G1 Lateral Rise Options:**  
 6.35 (default)  
 10.15

**Arm Lengths**  
 Measure lengths medially



**Styles**

Standard Arm Sleeve (AC1 to AG1)

Combi Arm Sleeve (AG1 - for daytime use only; can pair with JOBST Box Finger Glove for additional compression) (has nylon & spandex Techsheen outer covering)

InnaSleeve (AG - Organic Cotton & Spandex with attached SUPER Powernet JoViJacket)

**No Charge Options**

Slimline (more channels and less foam than standard channeling)

Snug Fit (0.3cm smaller at wrist & 1.2cm smaller at axilla)

Cover to base of fingers

Cover fingers completely

Two Blend Foam (Low ILD)

Combi Style Thumb (no thumb coverage)

**Additional Charge Options**

JoViJacket  Black  White  
*(JoViJackets are recommended as they provide the additional compression needed for maximum fit and effectiveness.)*

Stitched Finger Glove

Pad - Dorsum (sewn in; provides additional pressure on dorsum)

Palm Pad (sewn in; equalizes pressure in palm area)

Two Piece Arm Sleeve (AG1 - separate hand; JoViJacket will match garment)

Zipper - dorsum to mid-forearm

Zipper - elbow to axilla

Zipper - wrist to elbow

Dycem® - donning aid

Easy-Slide - donning aid (for garments without a Stitched Finger Glove)

Prepaid Reduction Option

*Pictures are needed if the patient has lobules, is over-sized or has some other issue. Please send pictures (no patient faces) to info@jovipak.com.*

Comments: \_\_\_\_\_

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_



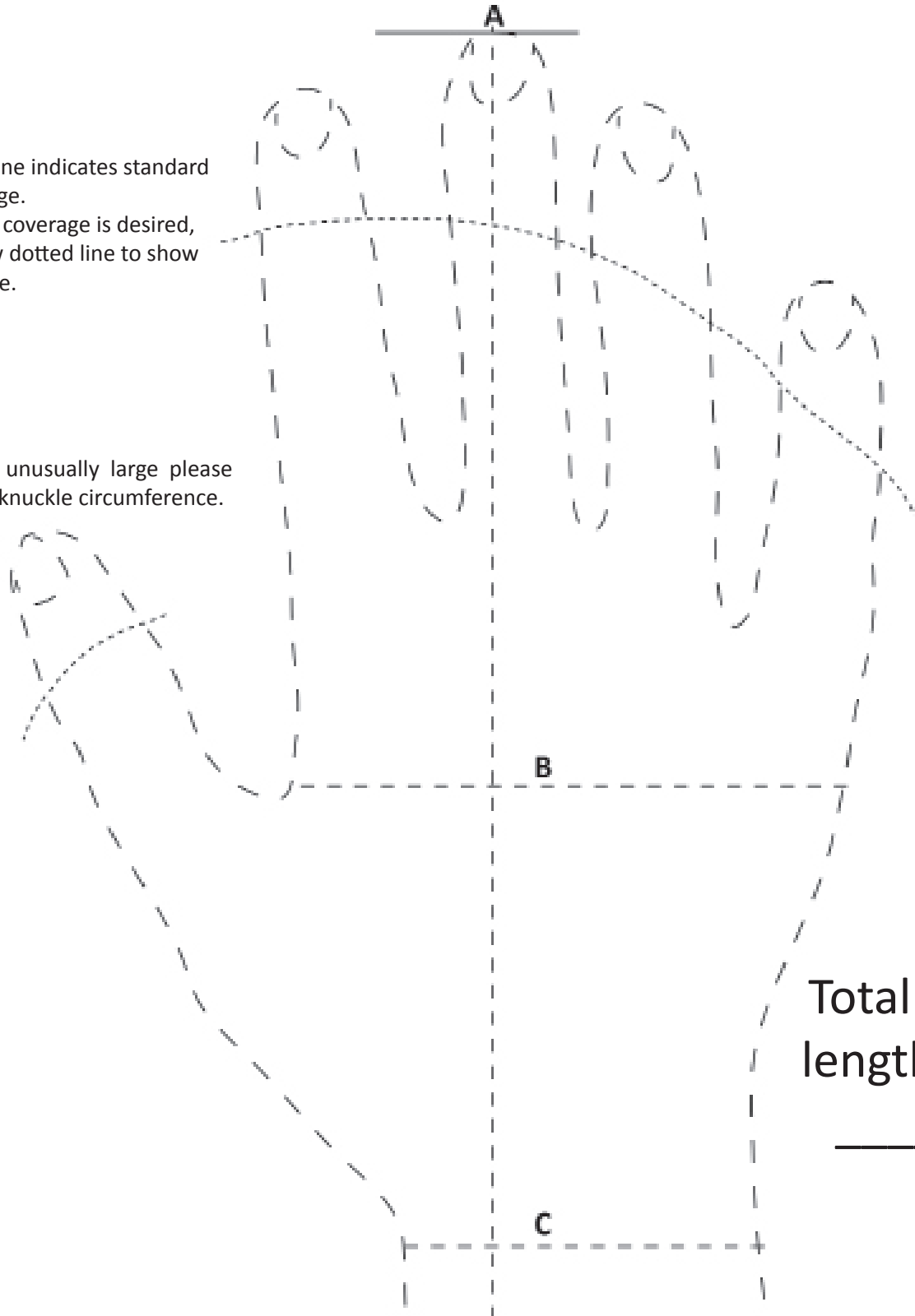
JoViPak

# Custom Hand Tracing Right Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

The dotted line indicates standard hand coverage.  
If a different coverage is desired, sketch a new dotted line to show that coverage.

If thumb is unusually large please provide the knuckle circumference.

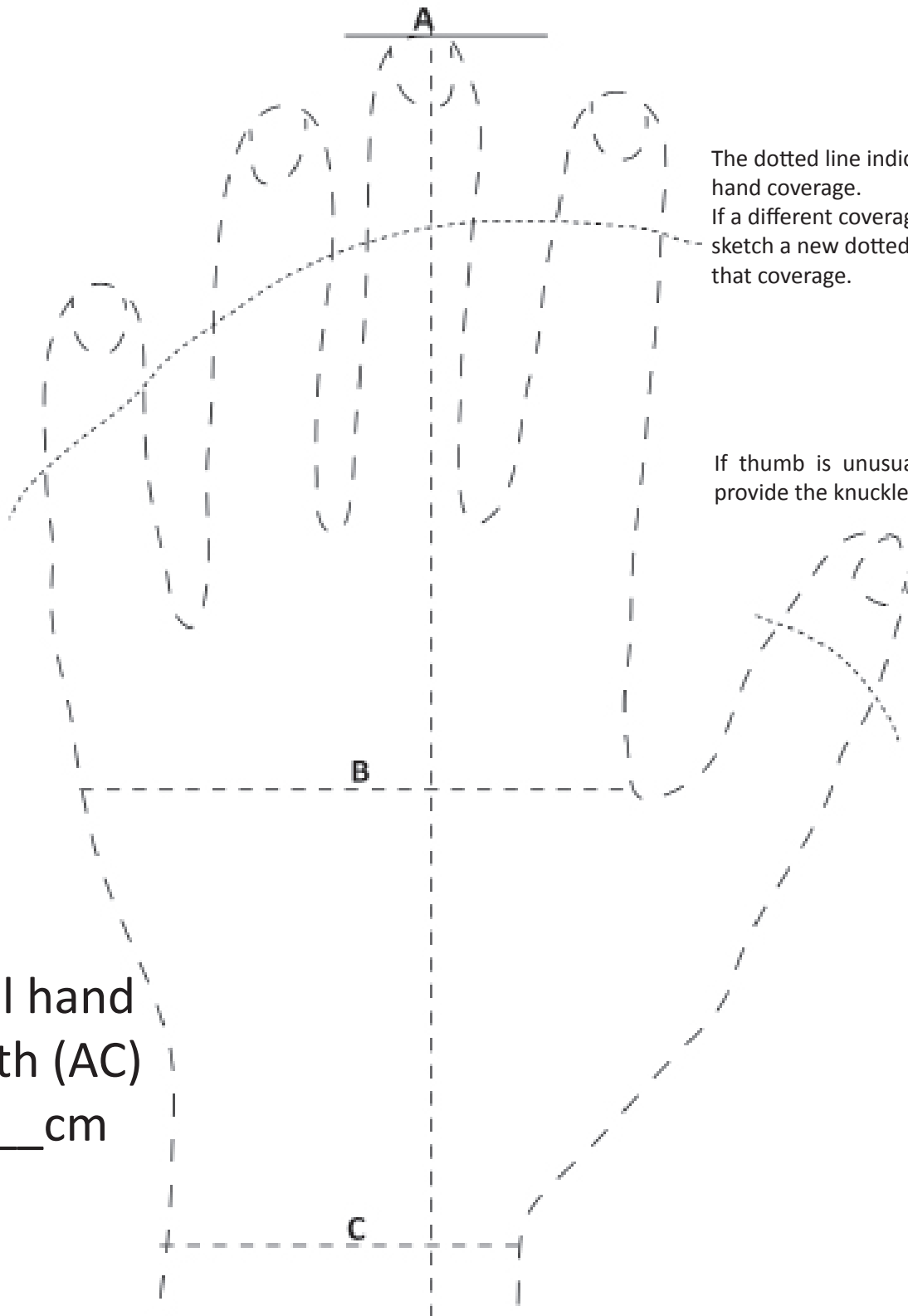


Total hand length (AC)  
\_\_\_\_\_ cm

Patient Name or Reference # \_\_\_\_\_

# Custom Hand Tracing Left Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.



The dotted line indicates standard hand coverage.  
If a different coverage is desired, sketch a new dotted line to show that coverage.

If thumb is unusually large please provide the knuckle circumference.

Total hand length (AC)  
\_\_\_\_\_ cm