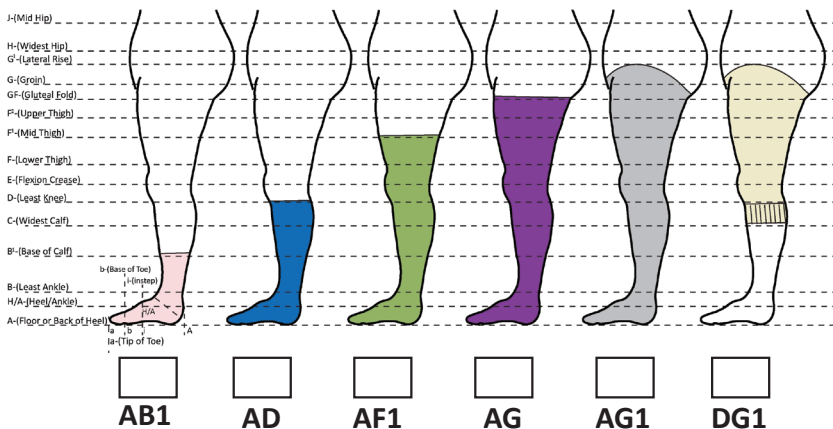


PAYMENT INFORMATION				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date <input type="text"/> / <input type="text"/>		Patient Name	
Card #				Fax Confirmation #	
Name on Card				Email Confirmation	
BILLING ADDRESS				SHIPPING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



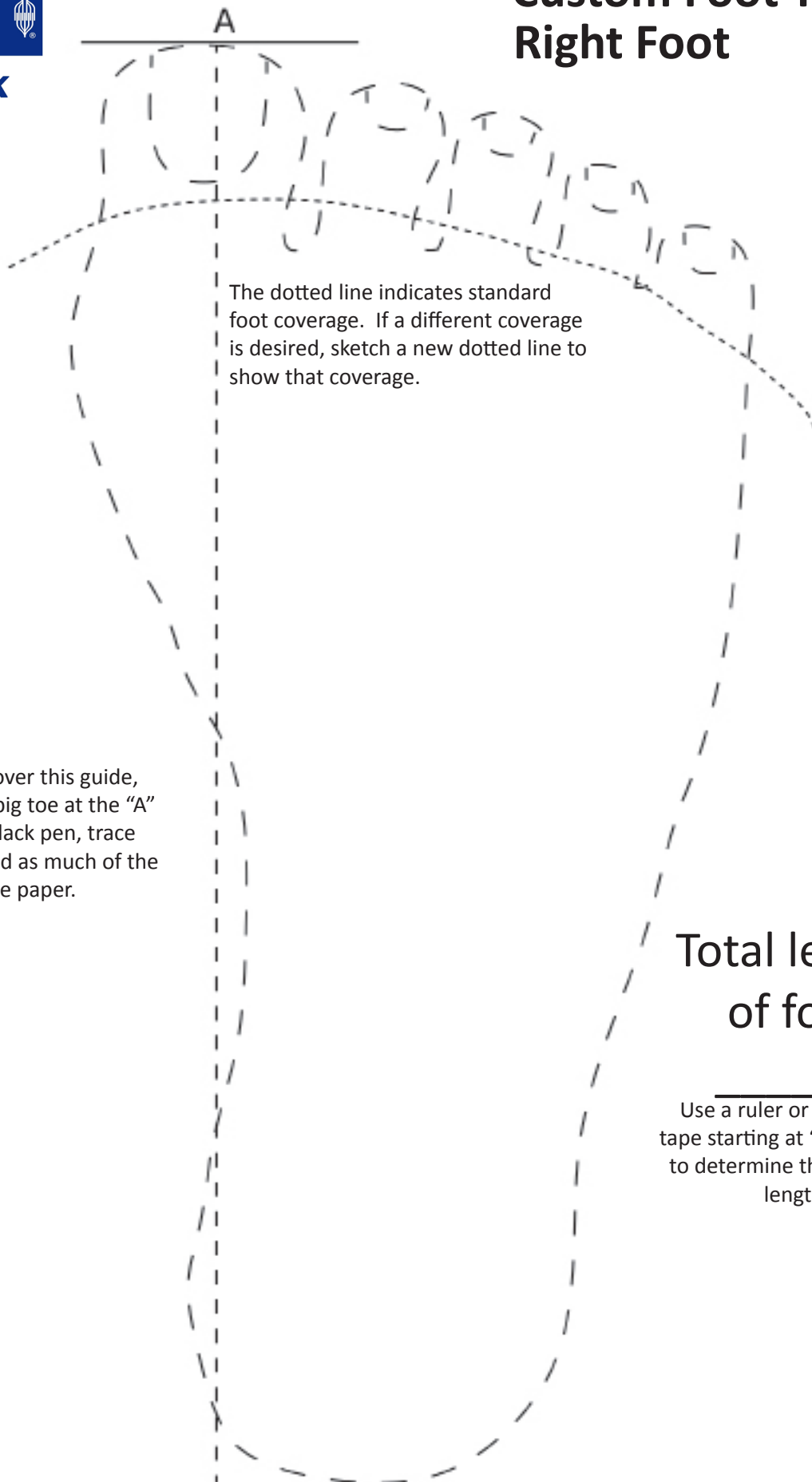
Polartec® Power Dry® Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> French Blue	<input type="checkbox"/> Glacier Blue
<input type="checkbox"/> Leaf Green (X-Static®)	<input type="checkbox"/> Navy Blue
<input type="checkbox"/> Pink	<input type="checkbox"/> Plum
<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Stainless Steel
<input type="checkbox"/> White (soft pink hue)	
Organic Cotton & Spandex Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	
Techsheen Colors (ADVI Combi & ComfyBoot only)	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
SUPER Powernet Colors (InnaBoot only)	
<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

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at www.jovipak.com

Custom Foot Tracing Right Foot



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

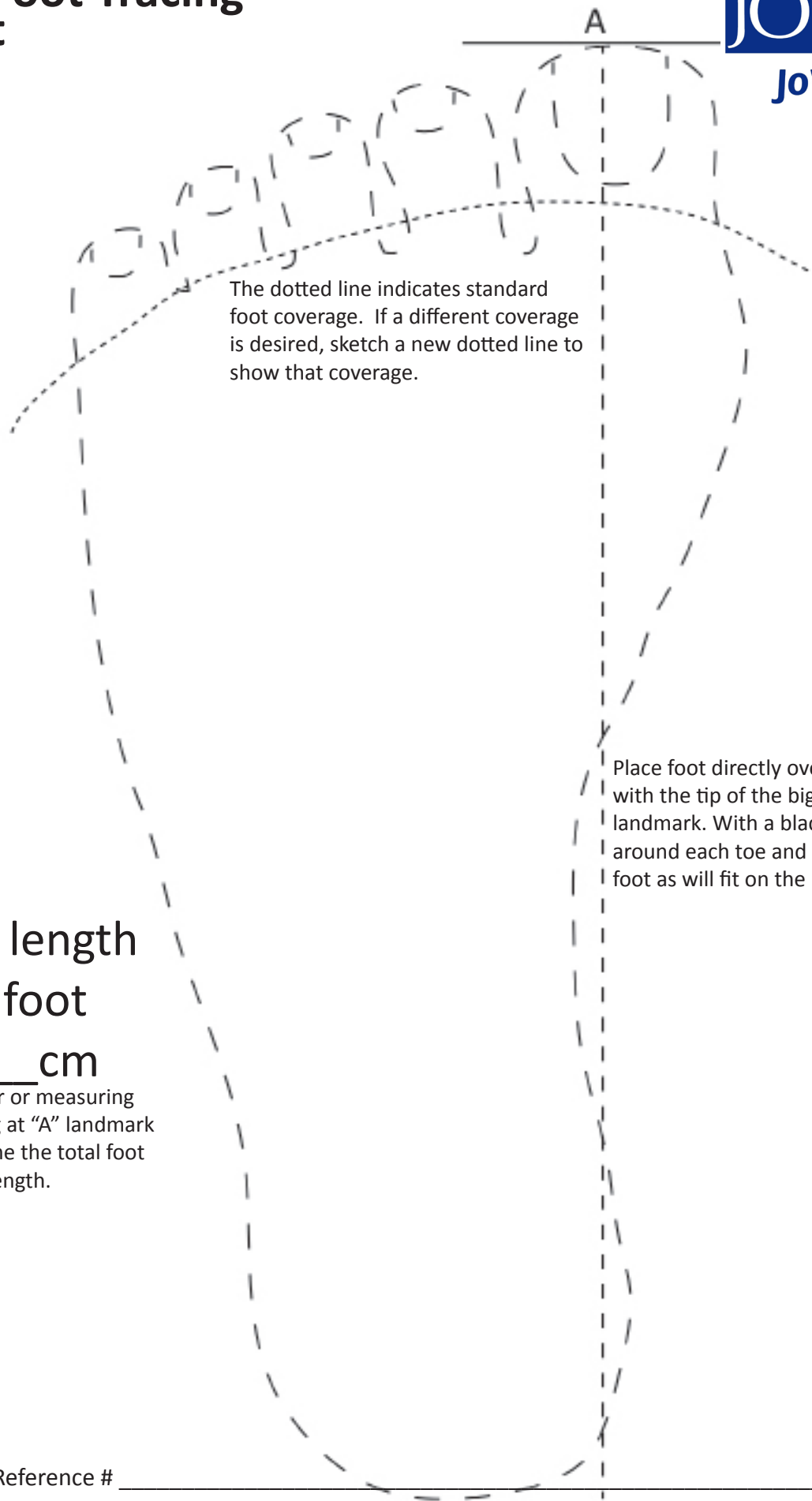
Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total length
of foot

_____ cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Custom Foot Tracing Left Foot



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

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total length
of foot

_____ cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Patient Name or Reference # _____