

Patient Name: _____

PAYMENT INFORMATION

Account #	<input type="checkbox"/> Bill to Account	Date
<input type="checkbox"/> Charge Credit Card	<input type="text"/> <input type="text"/> Card Exp. Date	PO #
Card #	Fax Confirmation #	
Name on Card	Email Confirmation	

BILLING ADDRESS	SHIPPING ADDRESS	<input type="checkbox"/> Same as Billing Address
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Business Name	Business Name
Address	Address
Attention	Attention
City State	City State
Phone Zip	Phone Zip

ORDER SPECIFICATIONS

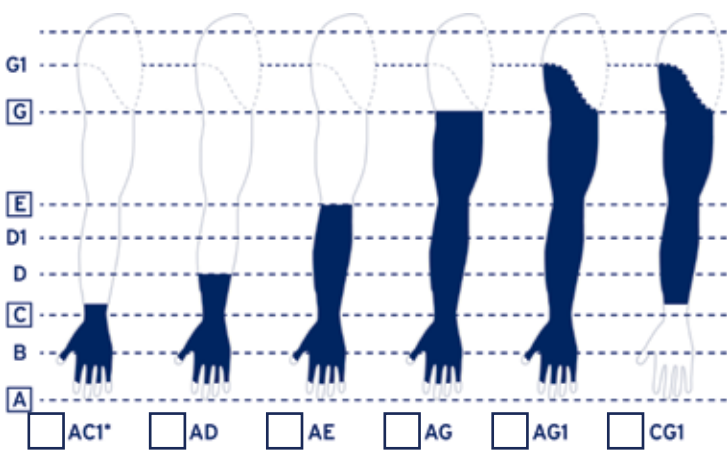
Quote Only Quote & Proceed

RUSH OPTION Additional 25% charge for 3 business day production period

SHIPPING

Shipping rates may vary, depending on services requested and/or rates charged by carrier

FedEx® (2 day shipping) Check if shipping to a residence \$10.00 to business addresses; \$13.25 to residential addresses



*To only be worn with a CG1

Polartec® Power Dry® Colors

<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Pink
<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	

Organic Cotton Colors

<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	

SUPER Powernet Colors (InnaSleeve)

<input type="checkbox"/> Black Cotton/Black SUPER Powernet	<input type="checkbox"/> Ivory Cotton/ Buff SUPER Powernet
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Fitter/Therapist Name: _____ Phone: _____ Email: _____



Arm Sleeves Custom

JoViPak

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

Primary (congenital) or Secondary Lymphedema
(if no selection is made, JoViPak will default to Secondary Lymphedema)

*Height and weight are required.

Measure extended arm in relaxed position, palm up
Please record all measurements in centimeters
All measurements are required.

Circumference

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

Left	Right	Measurement	Measurement	Arm Lengths
<input type="text"/>	<input type="text"/>	G (Axilla)	G	C to G
<input type="text"/>	<input type="text"/>	F ² (Upper Bicep)	F ²	C to F ²
<input type="text"/>	<input type="text"/>	F ¹ (Mid Bicep)	F ¹	C to F ¹
<input type="text"/>	<input type="text"/>	F (Lower Bicep)	F	C to F
<input type="text"/>	<input type="text"/>	E (Least Elbow)	E	C to E
<input type="text"/>	<input type="text"/>	D ¹ (Widest Forearm)	D ¹	C to D ¹
<input type="text"/>	<input type="text"/>	D (Distal Forearm)	D	C to D
<input type="text"/>	<input type="text"/>	C (Least Wrist)	C	
<input type="text"/>	<input type="text"/>	B (Palm at Web Space) Do not include thumb	B	C to B
<input type="text"/>	<input type="text"/>	A (Tip of Longest Finger) - REQUIRED	A	C to A

Additional Charge Options

JoViJacket Black White
(JoViJackets are required to be worn with your JoVi foam garment to ensure 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 or AG - separate hand; JoViJacket will match garment)
- Zipper - dorsum to mid-forearm
- Zipper - elbow to axilla
- Zipper - wrist to elbow
- Dycem[®] - donning aid
- Arion Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
- Prepaid Reduction Option

No Charge Options

- Slimline (more channels and less foam than standard channelling)
- Cover to middle of finger
- Cover to base of finger
- Cover fingers completely
- 2 Blend Foam (Low ILD)

Dycem[®] is a registered trademark of Dycem Ltd.

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@essity.com.



Arion Easy-Slide Arm ^{on}

- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid

Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	14.5"-15.1" (37-38.5cm)	7966102	1	
Large	15.3"-16.1" (39-41cm)	7510001	1	



Comments: _____

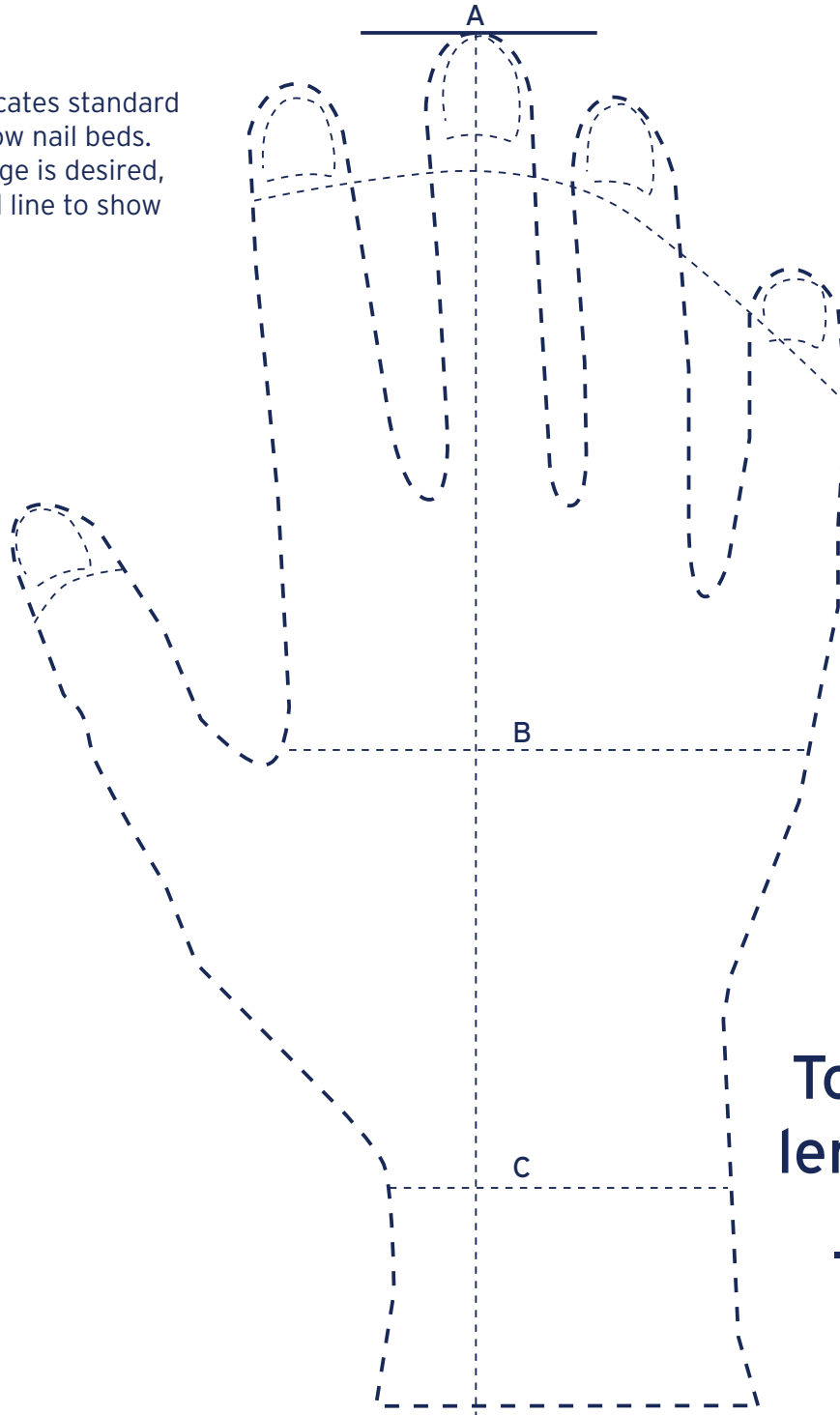
Fitter/Therapist Name: _____ Phone: _____ Email: _____

All sales are subject to JoViPak's Return, Guarantee and Warranty policies

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.

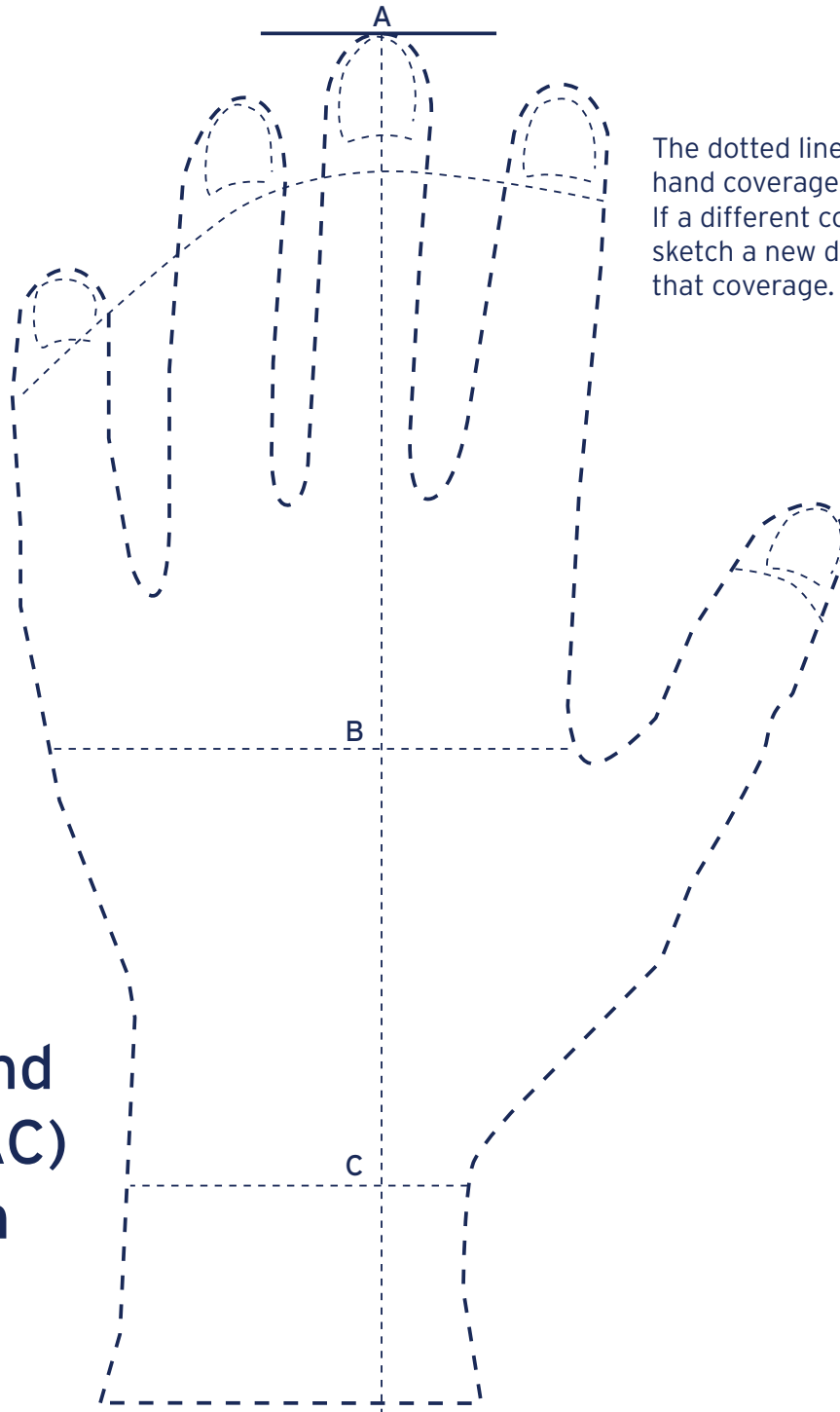
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



Total hand
length (AC)
_____ cm

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. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.

Total hand
length (AC)
_____ cm