

# Shoulder-Torso Arm Sleeves

## Custom

FAX COMPLETED FORM TO 1-877-760-4943

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

### 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 (Additional services may be available; contact JoViPak to discuss.)



Standard Two Piece Arm Sleeve with optional Bilateral Arms, Padded Torso, Arm Sling & Dorsum Zipper (This option is an additional charge)



Optional Padded Torso & One Piece Arm Sleeve (This option is an additional charge)



Standard unpadded torso with One Piece Arm Sleeve & recommended JoViJacket (JoViJacket is an additional charge)

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	<input type="checkbox"/> White (soft pink hue)
Polartec® Silkweight Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Blue Ridge

Garments are produced with Slimline channelling (more channels & less foam than standard channelling) & as a Two Piece garment (separate hand). If a JoViJacket is selected, it will also be Two Piece.

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

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



# Shoulder-Torso Arm Sleeves

## Custom

JoViPak

FAX COMPLETED FORM TO 1-877-760-4943

Patient Name: \_\_\_\_\_ Previous Patient?  Yes Gender:  F  M  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Left Arm  Right Arm  
 Mastectomy  Left  Right Lumpectomy  Left  Right Reconstruction  Left  Right

Directions: Follow the dotted lines for measurement guidelines.

### BODY

Please record all measurements in centimeters

SS (Neck Line @ Shoulder Seam) SS  SS to H (Length: Neck Line to Tip of Acromiom Process)

H to G to H (Arm Hole)

G (Torso @ Axilla)

N (Largest Chest)

M (Xyphoid Process)

L (Lowest Rib) (Recommended Length)

K (Natural Waist)

G to L (Base of Axilla to Lowest Rib) OR G to K (Base of Axilla to Natural Waist) (circle which is being provided)

H to L (Shoulder to Lowest Rib) OR H to K (Shoulder to Natural Waist) (circle which is being provided)

### ARM

Lengths (Medial)

C to H

C to G

C to F<sup>2</sup>

C to F<sup>1</sup>

C to F

C to E

C to D<sup>1</sup>

C to D

C (Least Wrist)

C to B

C to A

Garments can be produced with standard channeling or Slimline channeling (more channels & less foam than standard channeling) and as a Two Piece garment (separate hand).  
 (No charge option is available for the one piece. JoviJacket would also be a one piece and an additional charge.)  
 Measurements are required for accurate fitting garment.

### Extra Options

Two Blend Foam (Low ILD)  Four Blend Foam  One piece Arm Sleeve (JoViJacket will also be One Piece)  Two piece Arm Sleeve (JoViJacket will also be Two Piece)

### Additional Charge Options

JoViJacket - Nylon & Spandex Powernet <input type="checkbox"/> Black <input type="checkbox"/> White <small>(JoViJackets are recommended as additional compression is needed for maximum fit &amp; effectiveness.)</small>	Padded Insert (equalizes pressure over mastectomy site) Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff
Arm Sling <input type="checkbox"/> Garment <input type="checkbox"/> JoViJacket	Size: <input type="checkbox"/> Small (A/B) <input type="checkbox"/> Large (D) <input type="checkbox"/> Medium (C) <input type="checkbox"/> XLarge (DD/E)
<input type="checkbox"/> Stitched Finger Glove	<input type="checkbox"/> Dycem®
Pad (sewn in) <input type="checkbox"/> Dorsum <input type="checkbox"/> Palm	<input type="checkbox"/> Easy Slide (for garment without Stitched Finger Glove)
Torso Extension Padding <input type="checkbox"/> Horizontal Channels <input type="checkbox"/> Vertical Channels	<input type="checkbox"/> Prepaid Reduction
Zipper <input type="checkbox"/> Dorsum to mid-forearm <input type="checkbox"/> Wrist to elbow	

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



JoViPak

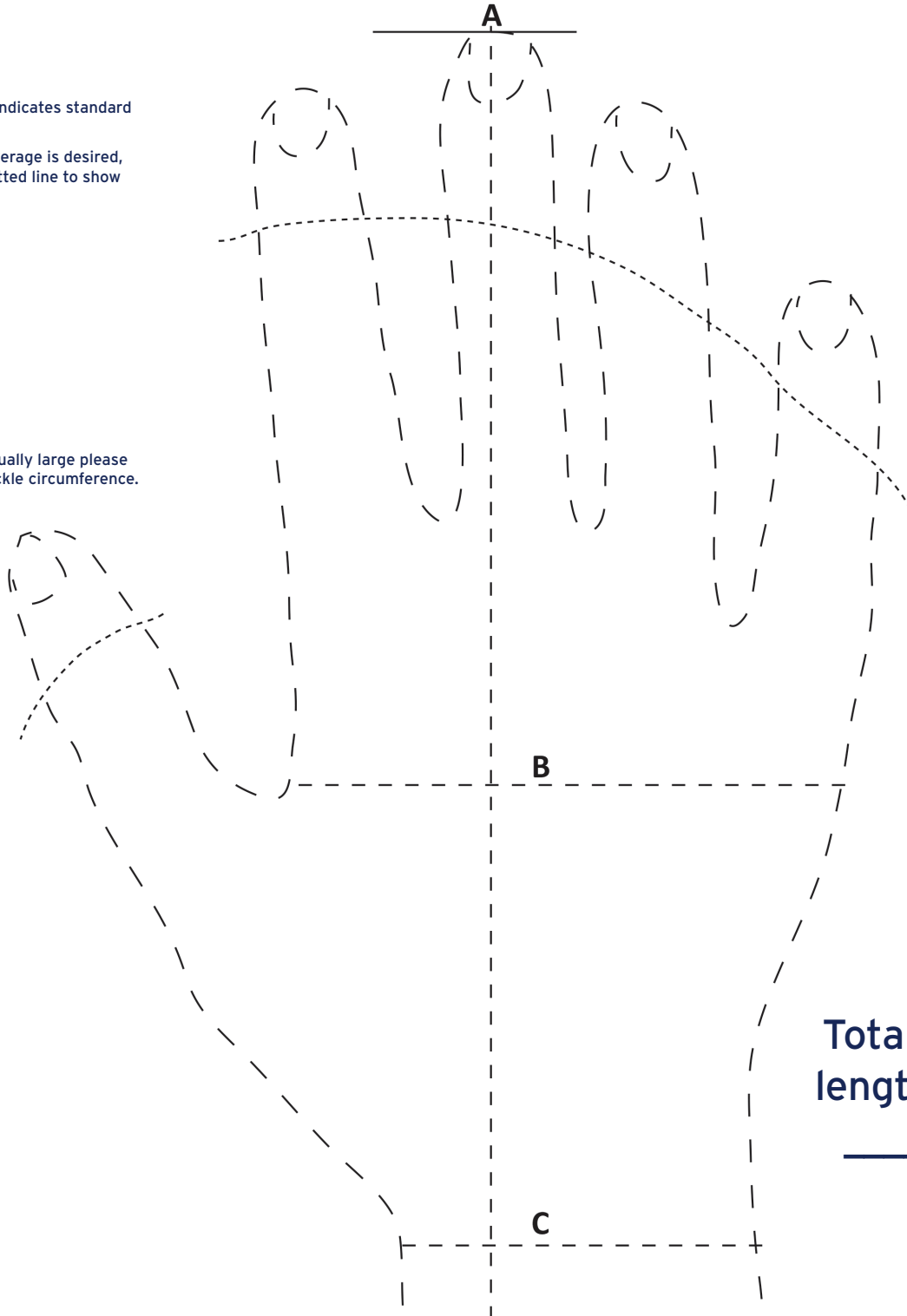
# CUSTOM HAND TRACING RIGHT HAND

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

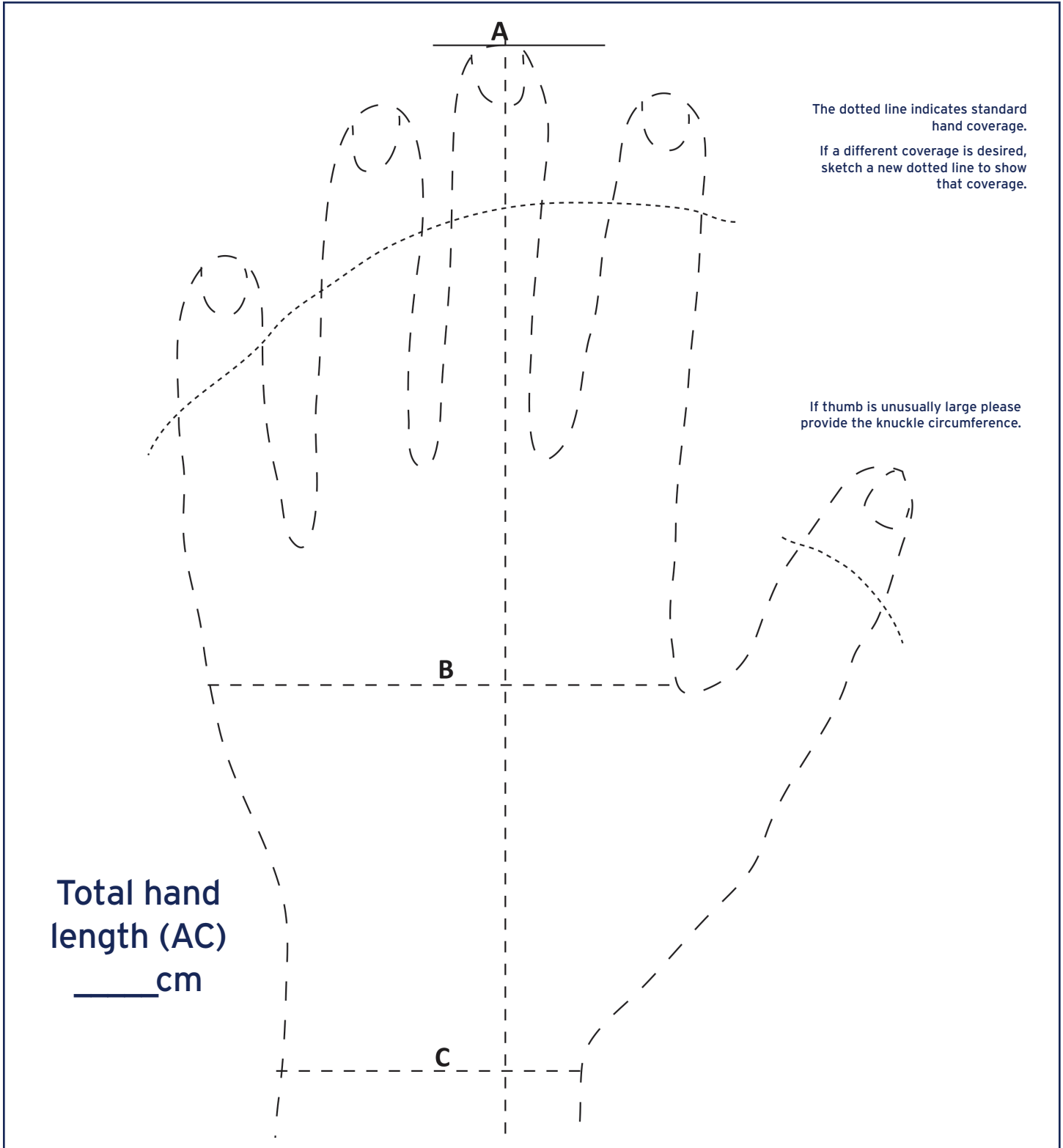
Patient Name or Reference #: \_\_\_\_\_



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# 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.



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