



JoViPak

Legs Custom

TO ORDER:

Email:

ca.customerservice@essity.com

Tel: 1-877-978-5526

Fax: 1-877-978-9703

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

Same as Billing Address

Business Name	Business Name
Address	Address
Attention	Attention
City Province	City Province
Phone Postal Code	Phone Postal Code

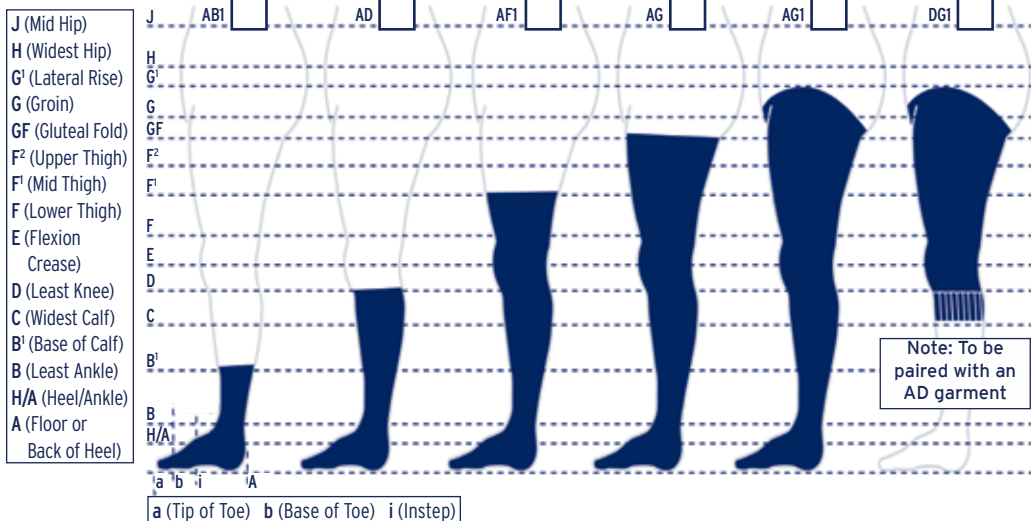
ORDER SPECIFICATIONS

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



Note: To be paired with an AD garment

Polartec® Power Dry® Colours

<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 Colours

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

SUPER Powernet Colours (InnaBoot only)

<input type="checkbox"/> Black	<input type="checkbox"/> Buff
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JoViJacket

<input type="checkbox"/> Black	<input type="checkbox"/> White
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(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

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



JOBST®, an Essity brand

jobstcanada.com

Essity
1275 North Service Road West, Suite 800
Oakville, ON Canada L6M 3G4
Tel. 1-877-978-5526 Fax 1-877-978-9703



Legs Custom

JoViPak

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

Primary (congenital) or Secondary Lymphedema

*Height and weight are required.

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

Please record all measurements in centimeters
All measurements are required.

Circumference

Left	Right			
		G (Top of Thigh)	G	A to G
		F ² (Upper Thigh)	F ²	A to F ²
		F ¹ (Mid Thigh)	F ¹	A to F ¹
		F (Lower Thigh)	F	A to F
		E (Patella)	E	A to E
		D (Below Knee)	D	A to D
		C (Widest Calf)	C	A to C
		B ¹ (Below Calf)	B ¹	A to B ¹
		B (Smallest Ankle)	B	A to B
		Y (Heel / Ankle)	Y	
		a (Tip of Toe)		
		i (Instep)		
		b (Base of little toe)		

Leg Lengths
Measure lengths medially, straight, not contoured

G1 Lateral Rise Options:
 7.6 cm 12.7 cm (default)

A-i (Heel to instep)
A-b (Heel to base of toe)
A-a (Total Foot Length)

Styles

Standard Leg Garment (AD to AG1)

AD - Quilted

InnaBoot AD AG
(Organic Cotton with SUPER Powernet JoViJacket)

Additional Charge Options

Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in) Medial Lateral

Zipper - ankle to knee

Zipper - knee to groin

Donning Loops

Pull Tabs (InnaBoots only)

Dycem® - donning aid

Arion Easy-Slide - donning aid

Prepaid Reduction Option

No Charge Options

Cover to tips of toes

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

- The user-friendly donning aid for open toe compression stockings and tights
- The lightweight, smooth material provides ease of donning/application

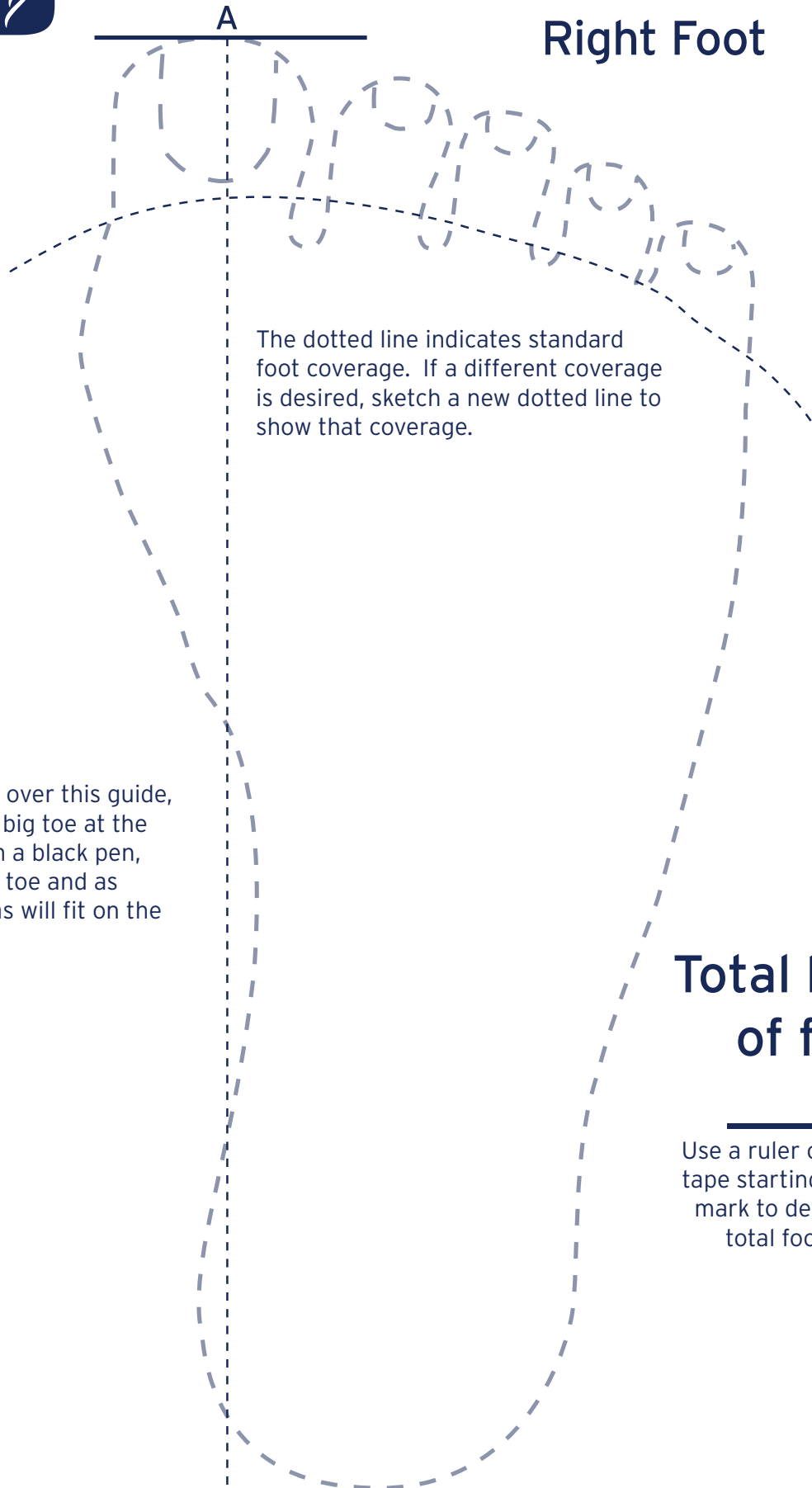
Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5-5.5	7965804	1	
Medium	6-8	7965802	1	
Large	8.5-11	7965902	1	
X-Large	≥ 11.5	7966001	1	

Comments: _____

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

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

Custom Foot Tracing Right Foot



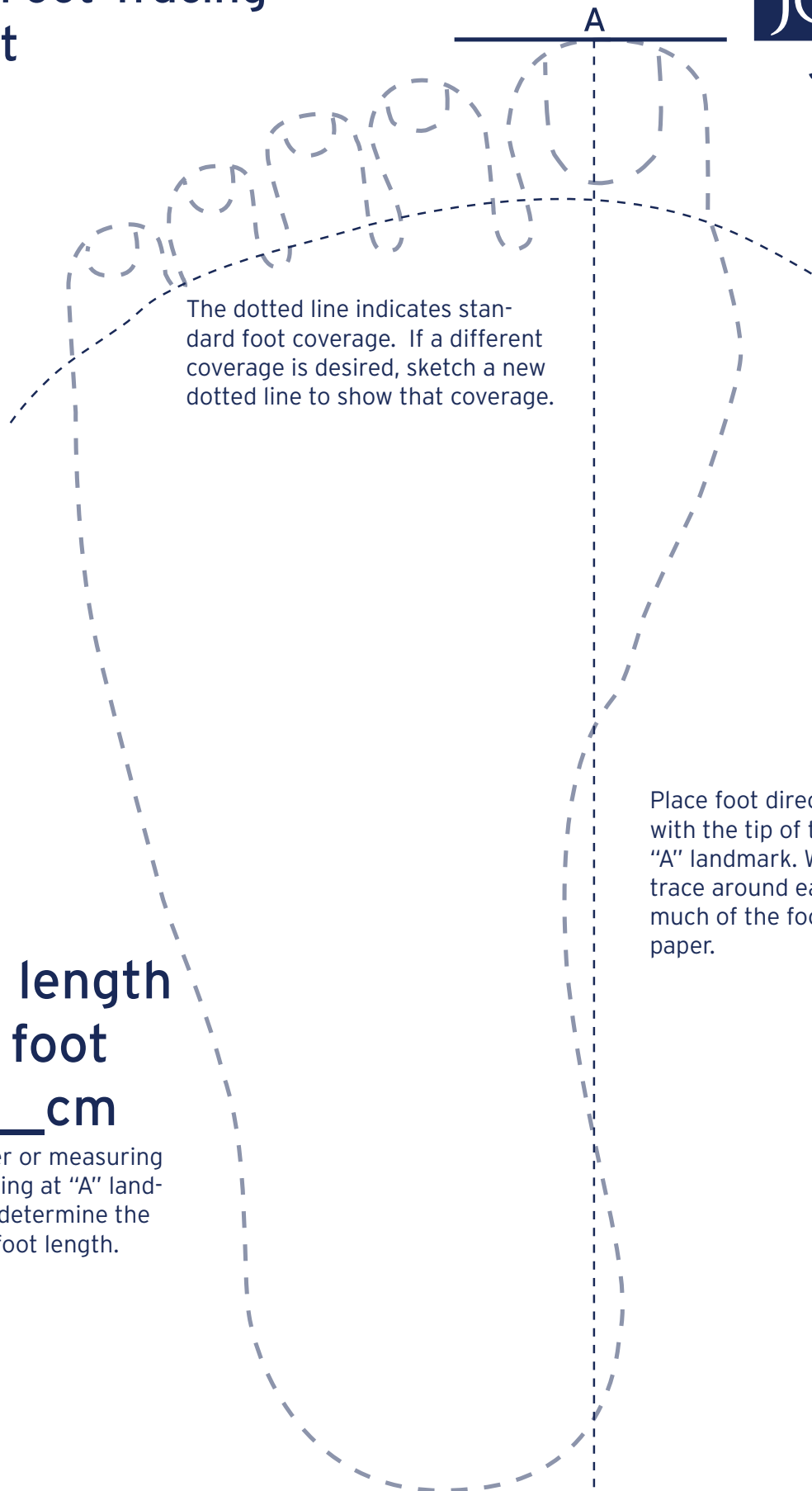
Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

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

**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 # _____