

Patient Name: \_\_\_\_\_

**PAYMENT INFORMATION**

Account # <small>(Required)</small>	<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**  Same as Billing Address

Business Name	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

**ORDER SPECIFICATIONS**

Quote  Order

**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

\$10.00 to business addresses  \$13.25 to residential addresses



Boxer



Boxer Capri

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	

JoViJacket (Boxer - SUPER Powernet)		
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Buff

(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

**Comments:**

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

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

# Boxers with Pannus

## Custom

Patient Name: \_\_\_\_\_

Previous Patient?  Yes Gender:  F  M

Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\*Height and weight are required.

### Circumference

Please record all measurements in centimeters  
All measurements are required.

### Length

<input type="checkbox"/>	L (Lowest Rib)	L	A to L	<input type="checkbox"/>
<input type="checkbox"/>	K (Natural Waist)	K	K <sup>2</sup> (Back) A to K G to K <sup>2</sup>	<input type="checkbox"/>
<input type="checkbox"/>	J (Mid Hip)	J	A to J	<input type="checkbox"/>
<input type="checkbox"/>	H (Widest Hip)	H	A to H	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	PL		<input type="checkbox"/>
<input type="checkbox"/>	G (Groin)	G	A to G	<input type="checkbox"/>
<input type="checkbox"/>	F <sup>2</sup> (Upper Thigh)	F <sup>2</sup>	A to F <sup>2</sup>	<input type="checkbox"/>
<input type="checkbox"/>	F <sup>1</sup> (Mid Thigh)	F <sup>1</sup>	A to F <sup>1</sup>	<input type="checkbox"/>
<input type="checkbox"/>	F (Lower Thigh)	F	A to F	<input type="checkbox"/>
<input type="checkbox"/>	E (Flexion Crease)	E	A to E	<input type="checkbox"/>
<input type="checkbox"/>	D (Least Knee)	D	A to D	<input type="checkbox"/>
<input type="checkbox"/>	C (Widest Calf)	C	A to C	<input type="checkbox"/>
<input type="checkbox"/>	B' (Base of Calf)	B'	A to B'	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	B (Least Ankle)	B	A to B	<input type="checkbox"/>
<input type="checkbox"/>	H/A (Heel/Ankle)	H/A		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	i-(Instep)	i		<input type="checkbox"/>
<input type="checkbox"/>	b-(Base of Little Toe)	b		<input type="checkbox"/>
<input type="checkbox"/>		a	A-i (Heel to Instep)	<input type="checkbox"/>
<input type="checkbox"/>		b	A-b (Heel to Base of Toe)	<input type="checkbox"/>
<input type="checkbox"/>		a	A-a (Total Foot Length)	<input type="checkbox"/>

**Additional Measurements:**

PL - Pannus Length, L to G (around and under fold)

PW - Pannus Width, contour lateral to lateral across widest point

### Additional Charge Options

Custom Leg AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom Leg AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Donning Loop options		
<input type="checkbox"/> Boxer	<input type="checkbox"/> AD	<input type="checkbox"/> AF1
<input type="checkbox"/> Dorsum Pad (sewn in)		
Malleolus Pad (sewn in)		
<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	
Zipper -		
<input type="checkbox"/> ankle to knee		
<input type="checkbox"/> knee to groin		
<input type="checkbox"/> 2 side zippers		
<input type="checkbox"/> 1 zipper center-front, (standard)		
<input type="checkbox"/> Dycem® - donning aid		
<input type="checkbox"/> Arion Easy-Slide - donning aid		
Prepaid Reduction		
<input type="checkbox"/> Boxer	<input type="checkbox"/> Boxer Capri	
<input type="checkbox"/> AF1 Leg(s)	<input type="checkbox"/> AD Leg(s)	

### No Charge Options

<input type="checkbox"/> Standard: end with top of toes uncovered, cover bottom of toes	
<input type="checkbox"/> Cover to tips of toes, top and bottom (with separate AD or AF1)	
<input type="checkbox"/> End garment at base of toes, top and bottom	
<input type="checkbox"/> 2 Blend Foam (Low ILD)	
<b>Channeling:</b>	
<input type="checkbox"/> towards inguinal region (default)	
<input type="checkbox"/> circumventing inguinal region	

- 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.
- If ordering additional leg garments, please include foot tracings.

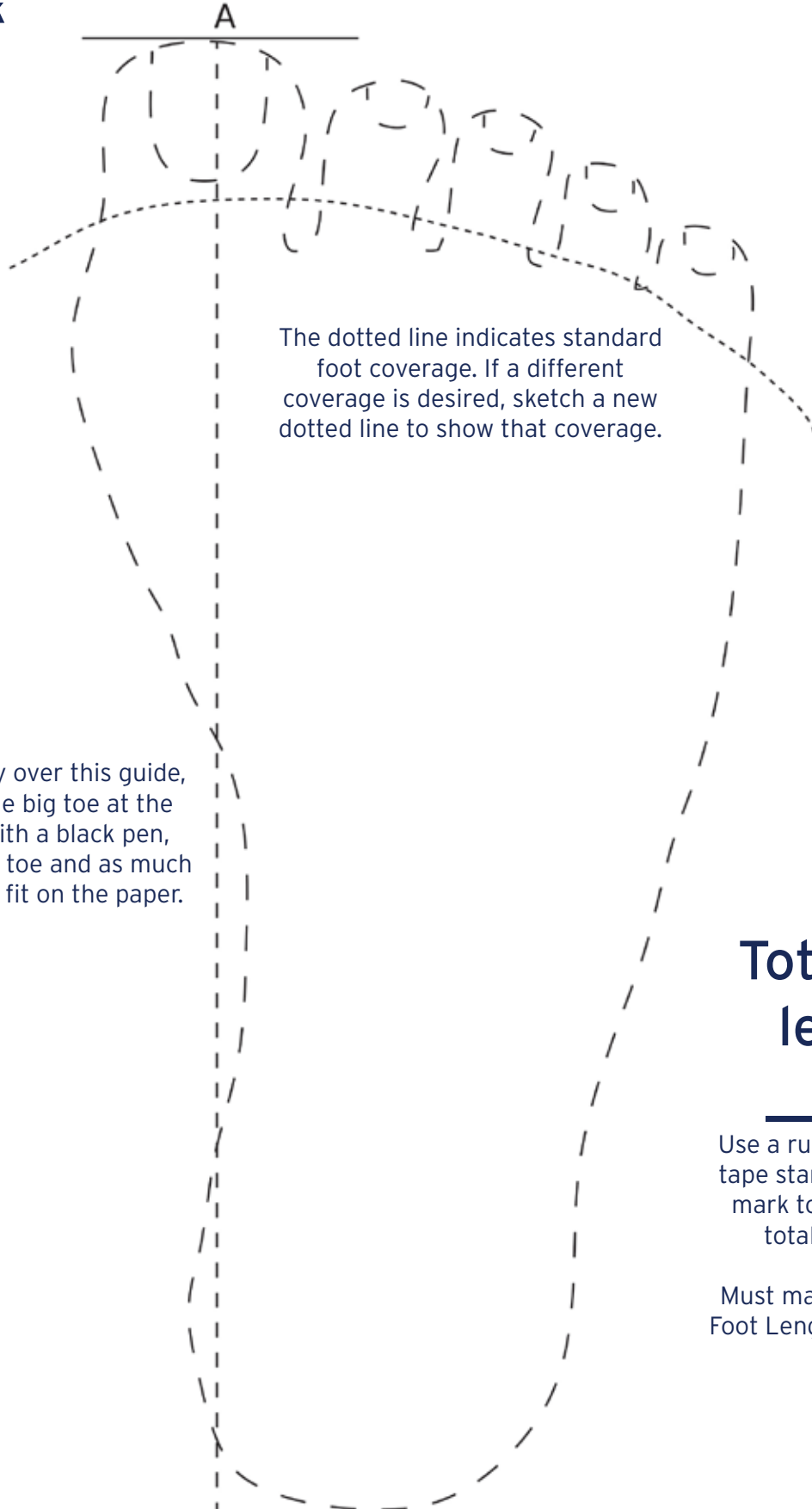
Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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# 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 foot length**  
**\_\_\_\_\_cm**

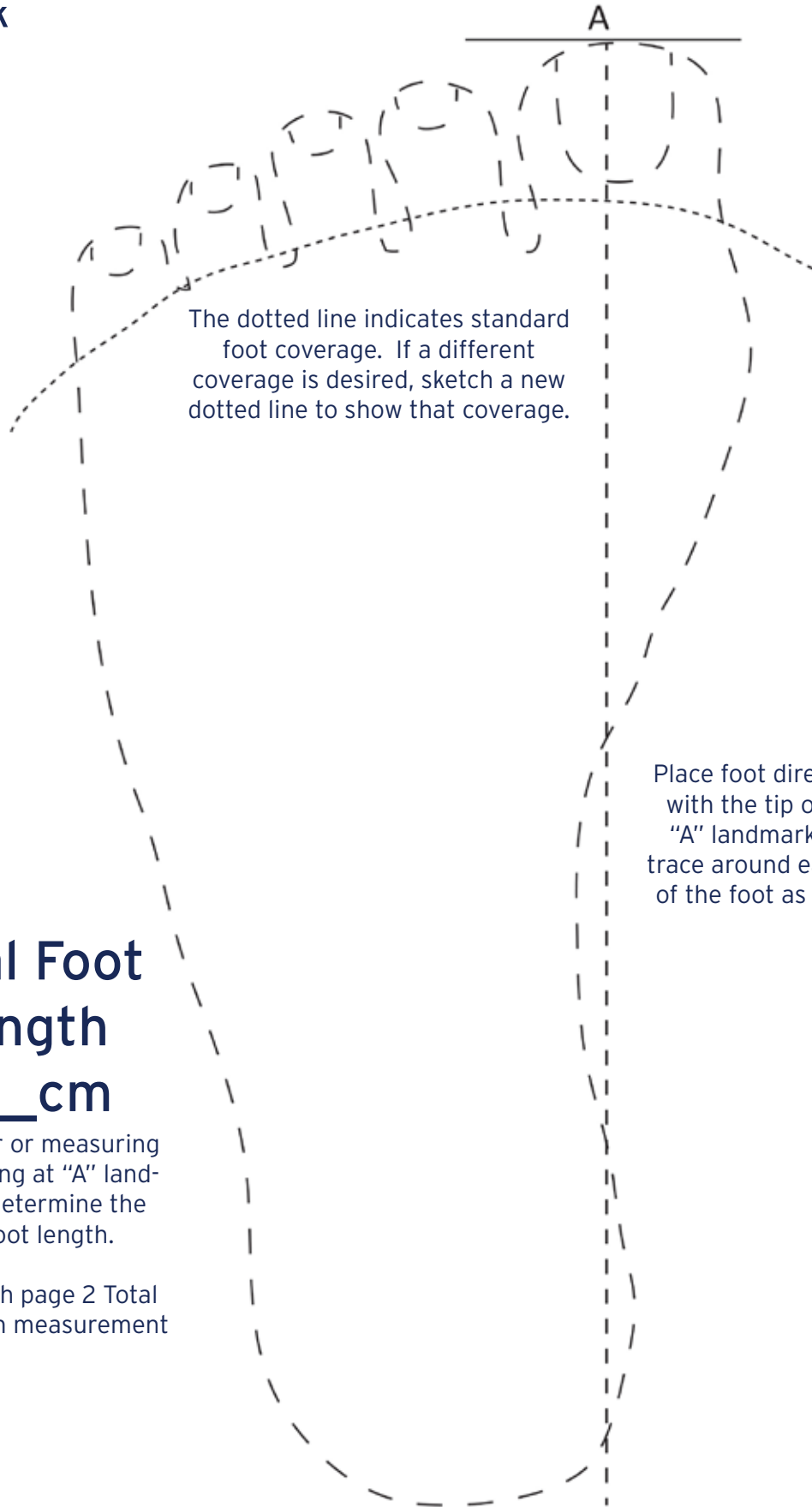
Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement



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# 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 Foot Length**  
**Length**  
**\_\_\_\_\_cm**

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

Must match page 2 Total Foot Length measurement