

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 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



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 | |

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

Comments:

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

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

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)

Circumference Please record all measurements in centimeters. All measurements are required.

Leg Lengths

Left **Right**

| | | | | | |
|--|--|---|----------------|---------------------------|--|
| | | L (Lowest Rib) | L | A to L | |
| | | K (Natural Waist) | K | A to K | |
| | | K ¹ thru G to K ² | | | |
| | | J (Mid Hip) | J | A to J | |
| | | H (Widest Hip) | H | A to H | |
| | | G (Groin) | 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 (Flexion Crease) | E | A to E | |
| | | D (Least Knee) | D | A to D | |
| | | C (Widest Calf) | C | A to C | |
| | | B ¹ (Base of Calf) | B ¹ | A to B ¹ | |
| | | B (Least Ankle) | B | A to B | |
| | | H/A (Heel/Ankle) | H/A | | |
| | | a-(Tip of Toe) | a | | |
| | | i-(Instep) | i | | |
| | | b-(At base of little toe) | b | | |
| | | | | A-i (Heel to instep) | |
| | | | | A-b (Heel to base of toe) | |
| | | | | A-a Total Foot Length | |

K1 thru G to K2 is measured from center front waist through the crotch up to center back waist.

Boxer

JoViJacket (Boxer - SUPER Powernet)**
 Black White Buff

Custom Classic Leg (separate AF1)
 Right left

JoViJacket (AG)**
 Black White

Boxer Capri

JoViJacket (Boxer Capri - SUPER Powernet)**
 Black White Buff

Custom Classic Lower Leg (separate AD)
 Right left

JoViJacket (AG)**
 Black White

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

Additional Charge Options

Donning Loops

Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in)
 Medial Lateral

Safety Sok (matching fabric; non-slip sole)

Zipper - ankle to knee

Zipper - knee to groin

Dycem® - donning aid

Easy-Slide - donning aid

Prepaid Reduction Option
 Boxer Boxer Capri
 AF1 Leg AD Leg

No Charge Options

Cover to tips of toes (with separate AD or AF1)

Two Blend Foam (Low ILD)

• 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.

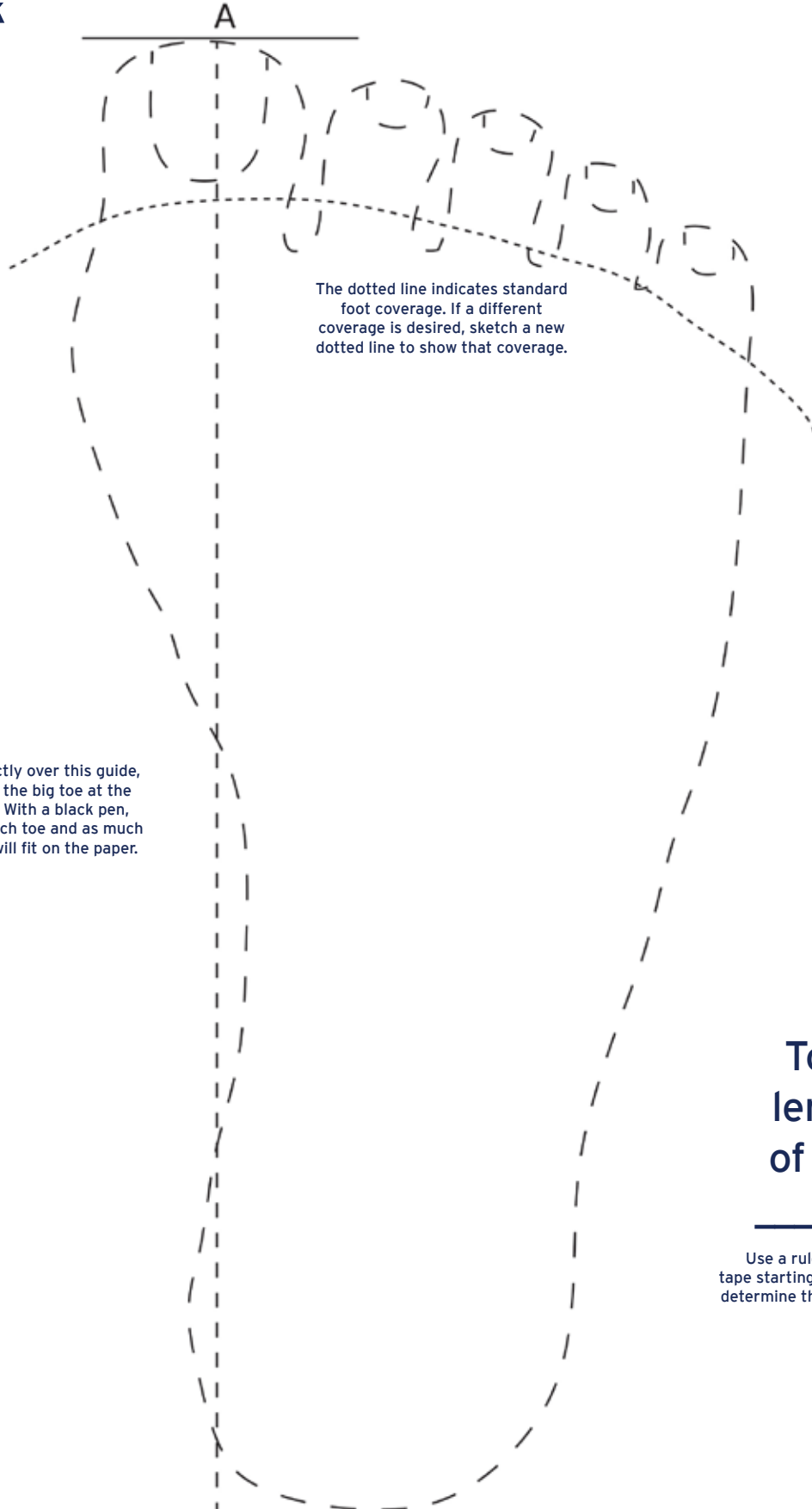
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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JoViPak

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

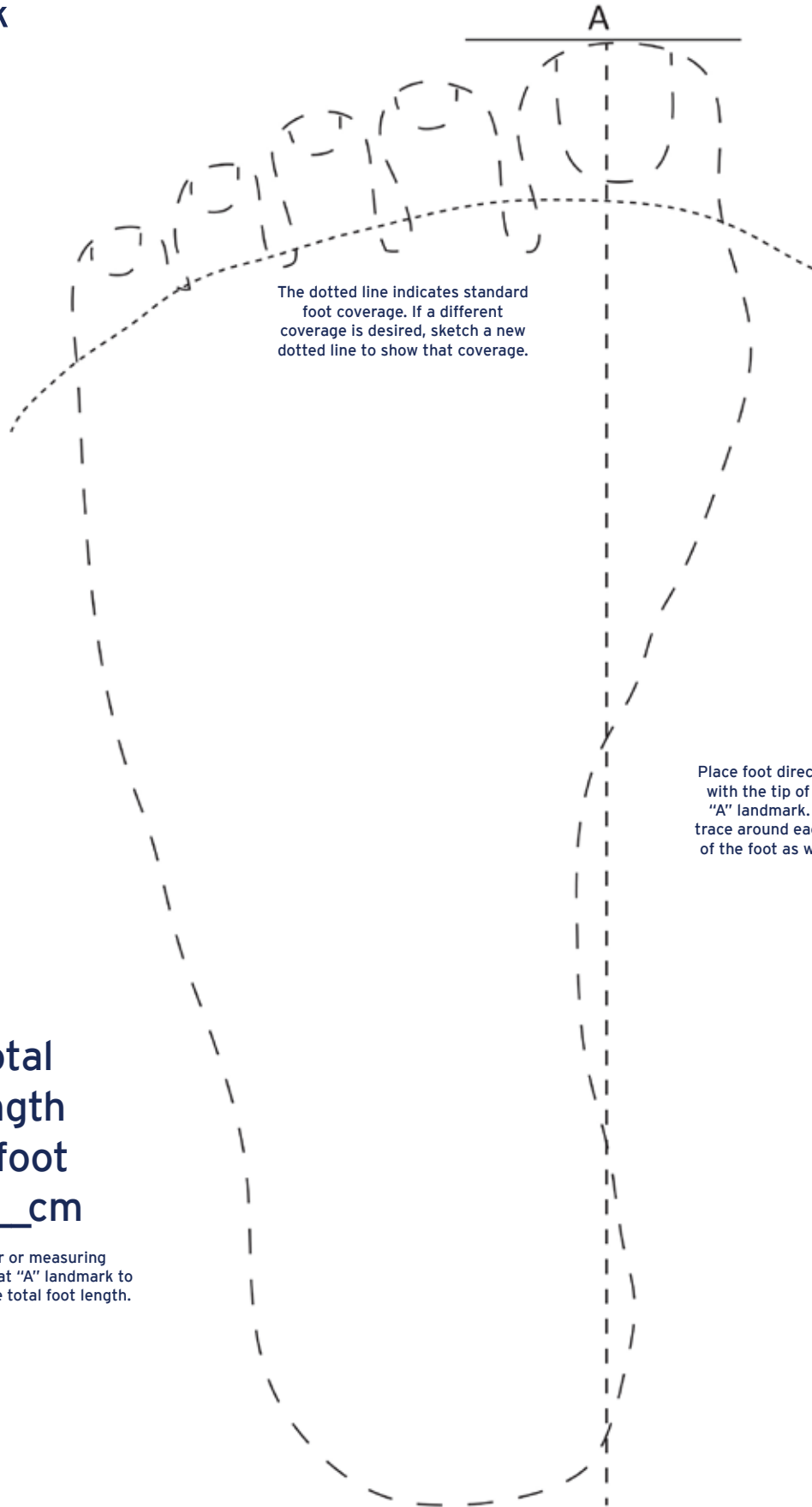
Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Patient Name or Reference #: _____



JoViPak

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.