

# Shoulder-Torso Arm Sleeves Custom

**TO ORDER:**

**Email:**

**info.jovipak@essity.com**

**Tel: 1-866-888-5684**

**Fax: 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

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



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)



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	

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

### JoViJacket - Nylon & Spandex Powernet

<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.)

Comments:

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

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



# Shoulder-Torso Arm Sleeves

## Custom

JoViPak

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

Previous Patient?  Yes Gender:  F  M

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

Must select one: Mastectomy  Left  Right and Reconstruction  Left  Right Lumpectomy  Left  Right

\*Height and weight are required.

Directions: Follow the dotted lines for measurement guidelines.

### BODY

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

Please record all measurements in centimeters  
All measurements are required

H to G to H (Arm Hole)

G (Torso @ Axilla)

G to N

N (Largest Chest)

M (Xyphoid Process)

G to L

L (Lowest Rib) (Recommended Length)

G to K

K (Natural Waist)

### ARM

Lengths (Medial)

G (Axilla) C to G

F<sup>2</sup> (Upper Bicep) C to F<sup>2</sup>

F<sup>1</sup> (Mid Bicep) C to F<sup>1</sup>

F (Widest Bicep) C to F

E (Least Elbow) C to E

D<sup>1</sup> (Widest Forearm) C to D<sup>1</sup>

D (Distal Forearm) C to D

C (Least Wrist)

B (Palm @ Web Space) (Do not include thumb) C to B

A (Tip of Longest Finger) (Required) 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

<input type="checkbox"/> Two Blend Foam (Low ILD)	<input type="checkbox"/> Four Blend Foam, Standard	<input type="checkbox"/> One piece Arm Sleeve, glove attached (JoViJacket will also be One Piece)	<input type="checkbox"/> Two piece Arm Sleeve, glove separate, Standard (JoViJacket will also be Two Piece)
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### Additional Charge Options

Arm Sling <input type="checkbox"/> Garment <input type="checkbox"/> JoViJacket <input type="checkbox"/> Stitched Finger Glove Pad (sewn in) <input type="checkbox"/> Dorsum <input type="checkbox"/> Palm Torso Padding (must select one): <input type="checkbox"/> Horizontal Channels <input type="checkbox"/> Vertical Channels <input type="checkbox"/> No padding (no charge) Zipper <input type="checkbox"/> Dorsum to mid-forearm <input type="checkbox"/> Wrist to elbow <input type="checkbox"/> Dycem®	Padded Insert (equalizes pressure over mastectomy site) Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff 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"/> Easy Slide (for garment without Stitched Finger Glove)
<input type="checkbox"/> Prepaid Reduction	

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

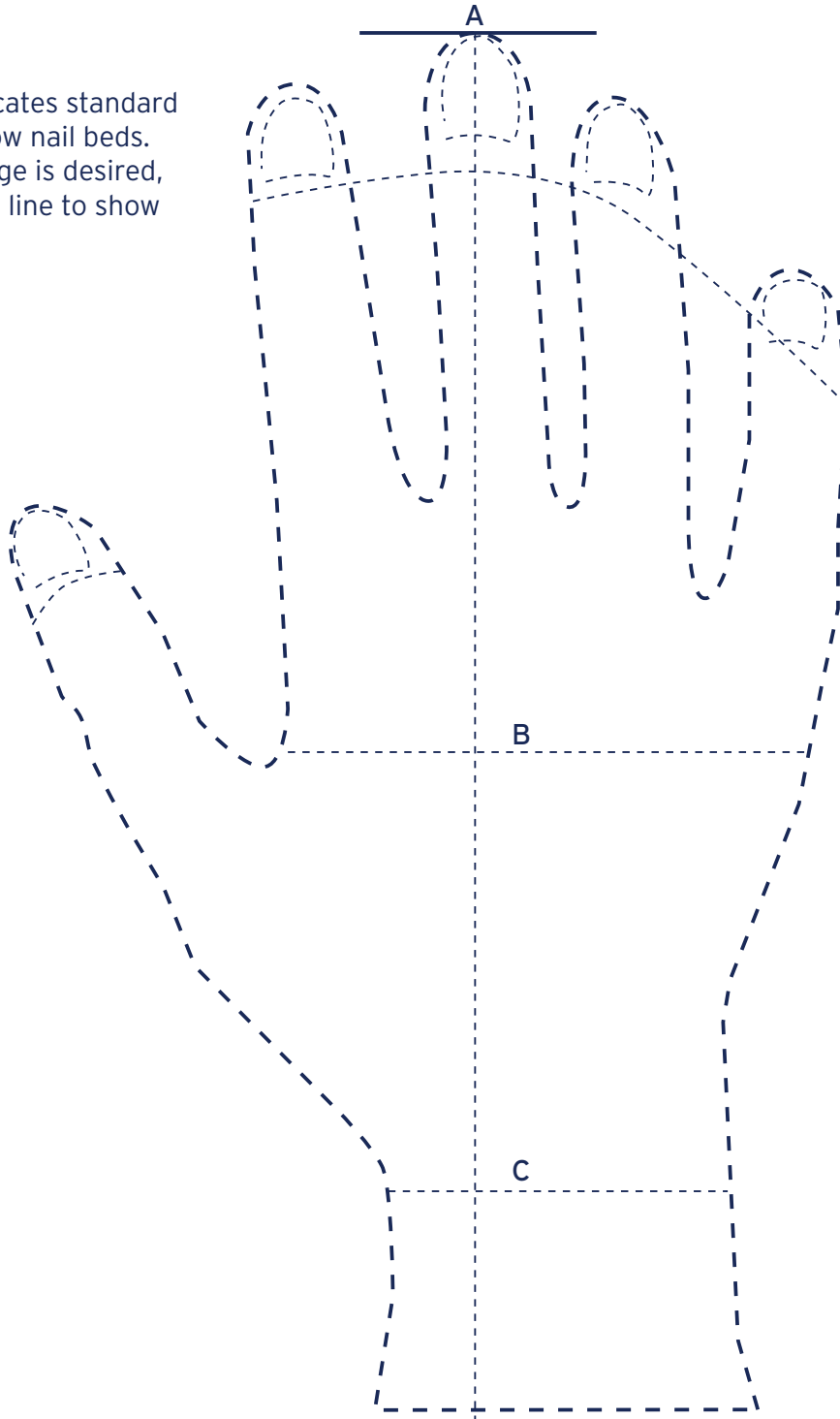


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# CUSTOM HAND TRACING RIGHT HAND

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

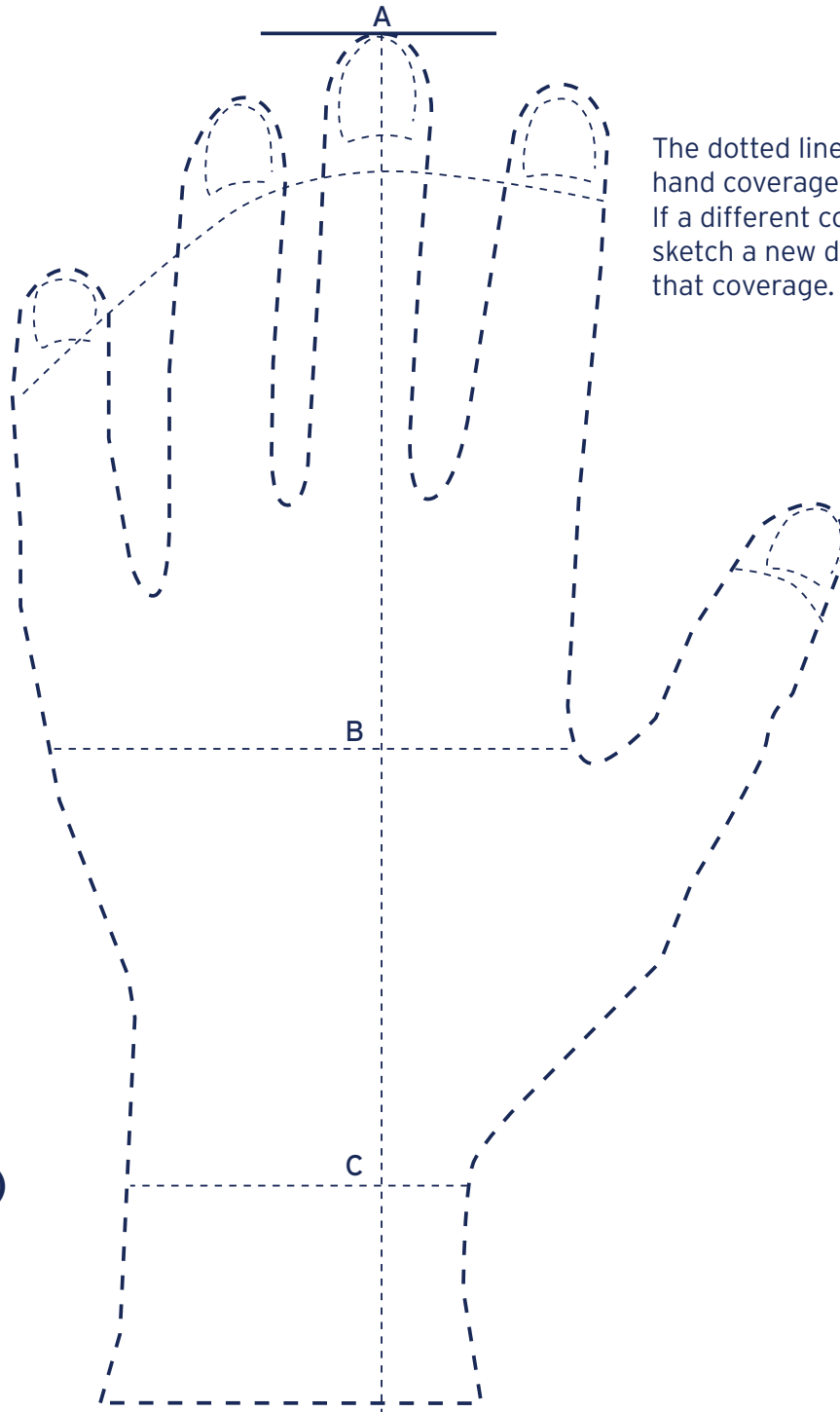
Patient Name or Reference #: \_\_\_\_\_



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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.



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