

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


Custom Busti



Custom Busti (posterior)

**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	

**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

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

Previous Patient?  Yes  No

Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cup Size: \_\_\_\_\_

Lumpectomy  Left  Right    Reconstruction  Left  Right

\*Height and weight are required.

Busti's are produced with Slimline channeling (more channels and less foam than standard channeling).

Please record all measurements in centimeters  
All measurements are required.

**Circumferences**

R (Torso @ Axilla)

N (Largest Chest)

M (Xyphoid Process)

L (Lowest Rib)

**Lengths**

L to R

L to N

L to M

The Busti is most appropriate for lumpectomy patients. Mastectomy patients would be better served with a Custom Vest.

**No Charge Options**

Two Blend Foam (*Low ILD*)

**Additional Charge Options**

Prepaid Reduction

**Comments:**

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

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