

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 Same as Billing Address **SHIPPING ADDRESS**

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

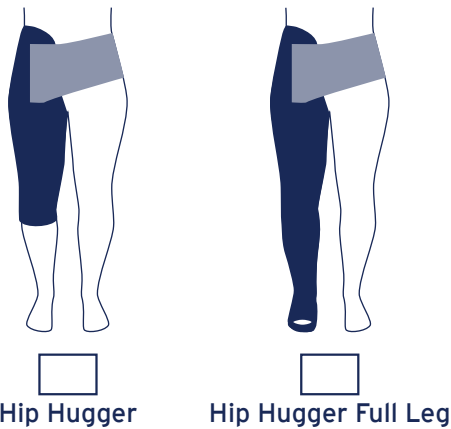
ORDER SPECIFICATIONS

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



Organic Cotton

Black

Ivory

Royal Blue

Comments: _____

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



JoViPak

Hip Huggers Custom

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.

L (Lowest Rib) _____

K (Natural Waist) _____

K¹ thru G to K² _____

J (Mid Hip) _____

H (Widest Hip) _____

Leg Lengths

A to L _____

A to K _____

A to J _____

A to H _____

	Left	Right				
			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		

b-(Base of Toe) _____

i-(Instep) _____

a-(Tip of Toe) _____

i-(Instep) _____

b-(At base of little toe) _____

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.

Hip Hugger (DK)

JoviJacket (DG)*
 Black White

Custom Classic Lower Leg (AD)
 Left Right

JoviJacket (for separate AD garment)*
 Black White

Hip Hugger Full Leg (AK)

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

Zipper - ankle to knee

Dycem® - donning aid

Arion Easy-Slide - donning aid

Prepaid Reduction Option

Hip Hugger/Full Leg
 Full Leg
 AD Leg(s)

Dycem® is a registered trademark of Dycem Ltd.

No Charge Options

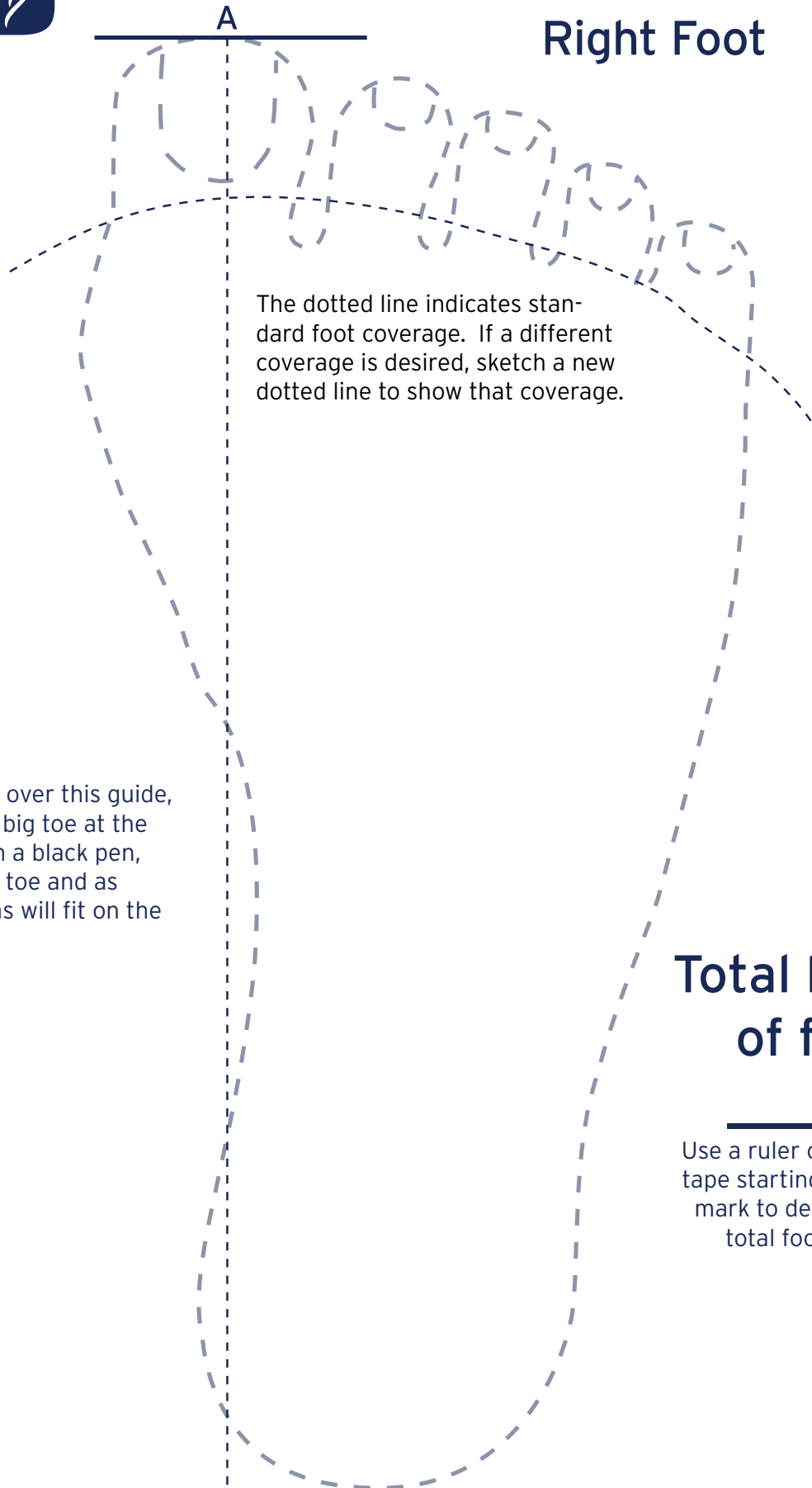
Cover to tips of toes (with separate AD or Full Leg Hip Hugger)

2 Blend Foam (Low ILD)

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

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

Custom Foot Tracing Right Foot

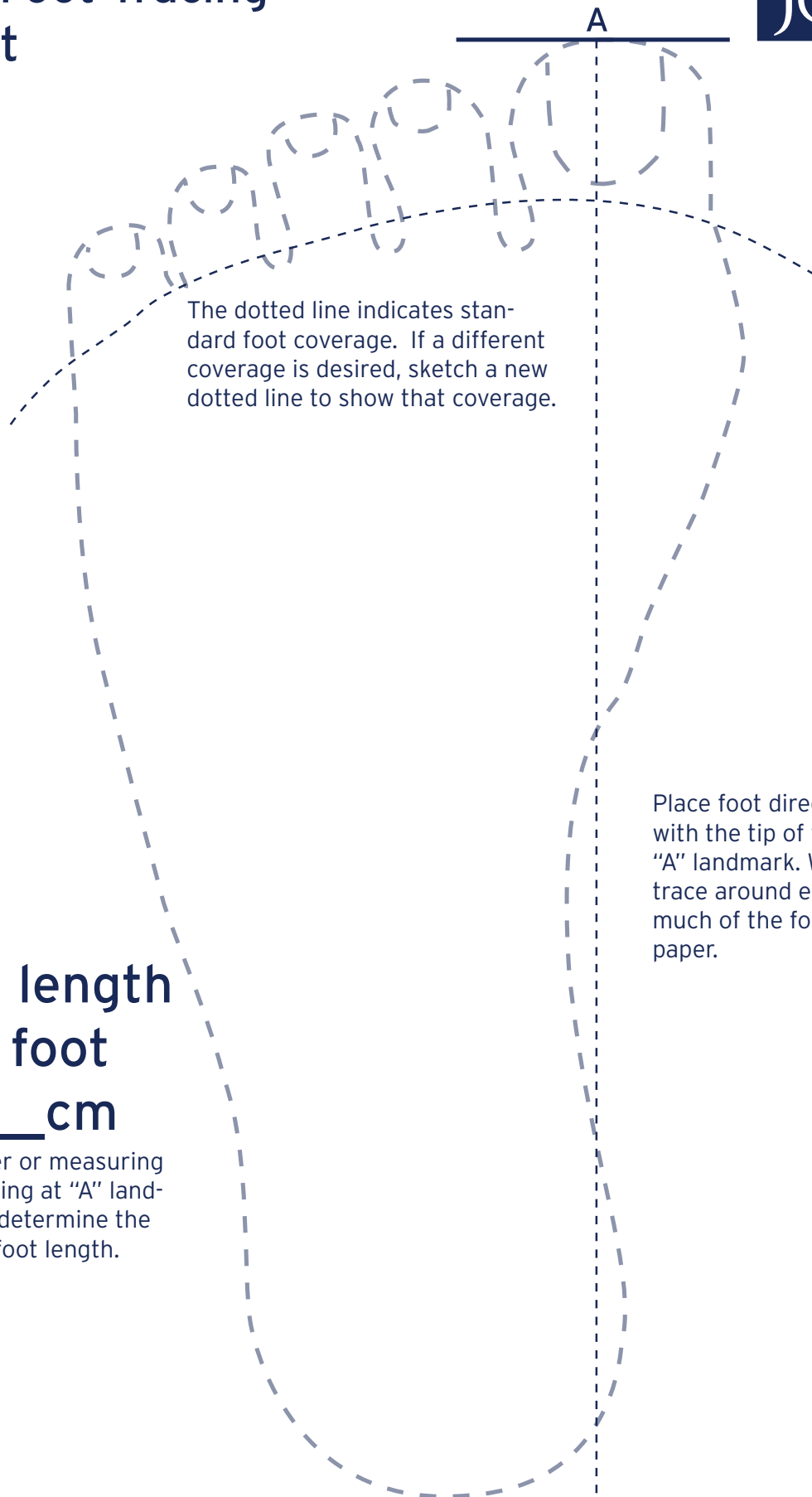


Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**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 # _____