

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](mailto:info.jovipak@essity.com)

Comments:

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

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



JoViPak

# Boxers with Pannus 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.

### Leg Lengths

|                          |                               |                |                     |                          |
|--------------------------|-------------------------------|----------------|---------------------|--------------------------|
| <input type="checkbox"/> | L (Lowest Rib)                | L              | A to L              | <input type="checkbox"/> |
| <input type="checkbox"/> | K (Natural Waist)             | K              | A to K              | <input type="checkbox"/> |
| <input type="checkbox"/> | K' thru G to K <sup>2</sup>   |                |                     |                          |
| <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"/> | 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 <sup>1</sup> (Base of Calf) | B <sup>1</sup> | A to B <sup>1</sup> | <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"/> | a (Tip of Toe)                |                |                     | <input type="checkbox"/> |
| <input type="checkbox"/> | i (Instep)                    |                |                     | <input type="checkbox"/> |
| <input type="checkbox"/> | b (At base of little toe)     |                |                     | <input type="checkbox"/> |

Left Right

Zipper centerfront  
 Zipper sides suggested  
 Donning loops suggested

2 Zipper sides suggested  
4 Donning loops suggested

panis length

panis width fullest part at bottom

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 AF1)  
 Right  left

JoViJacket (for separate AD garment)\*\*  
 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.

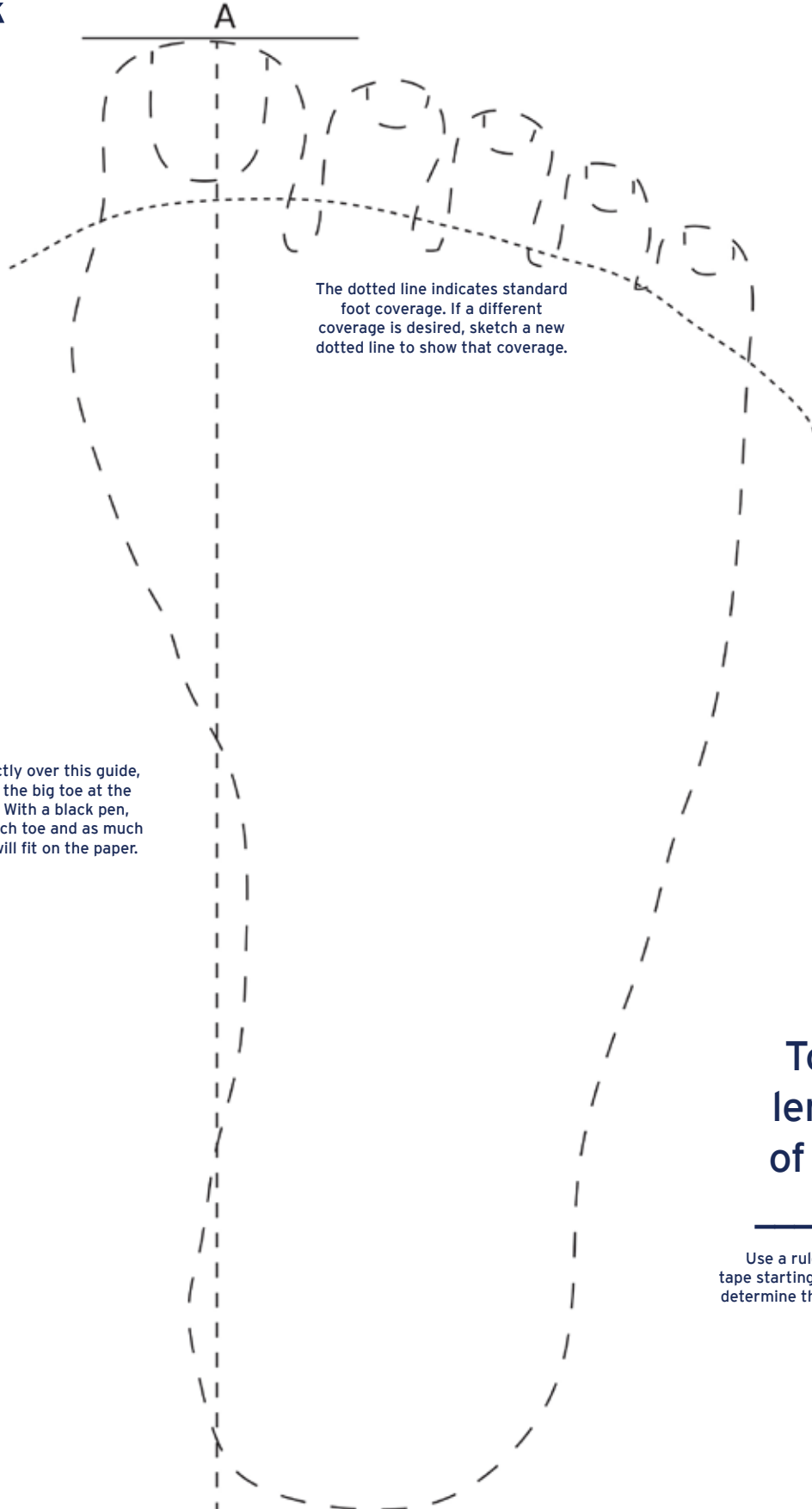
Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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# 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.

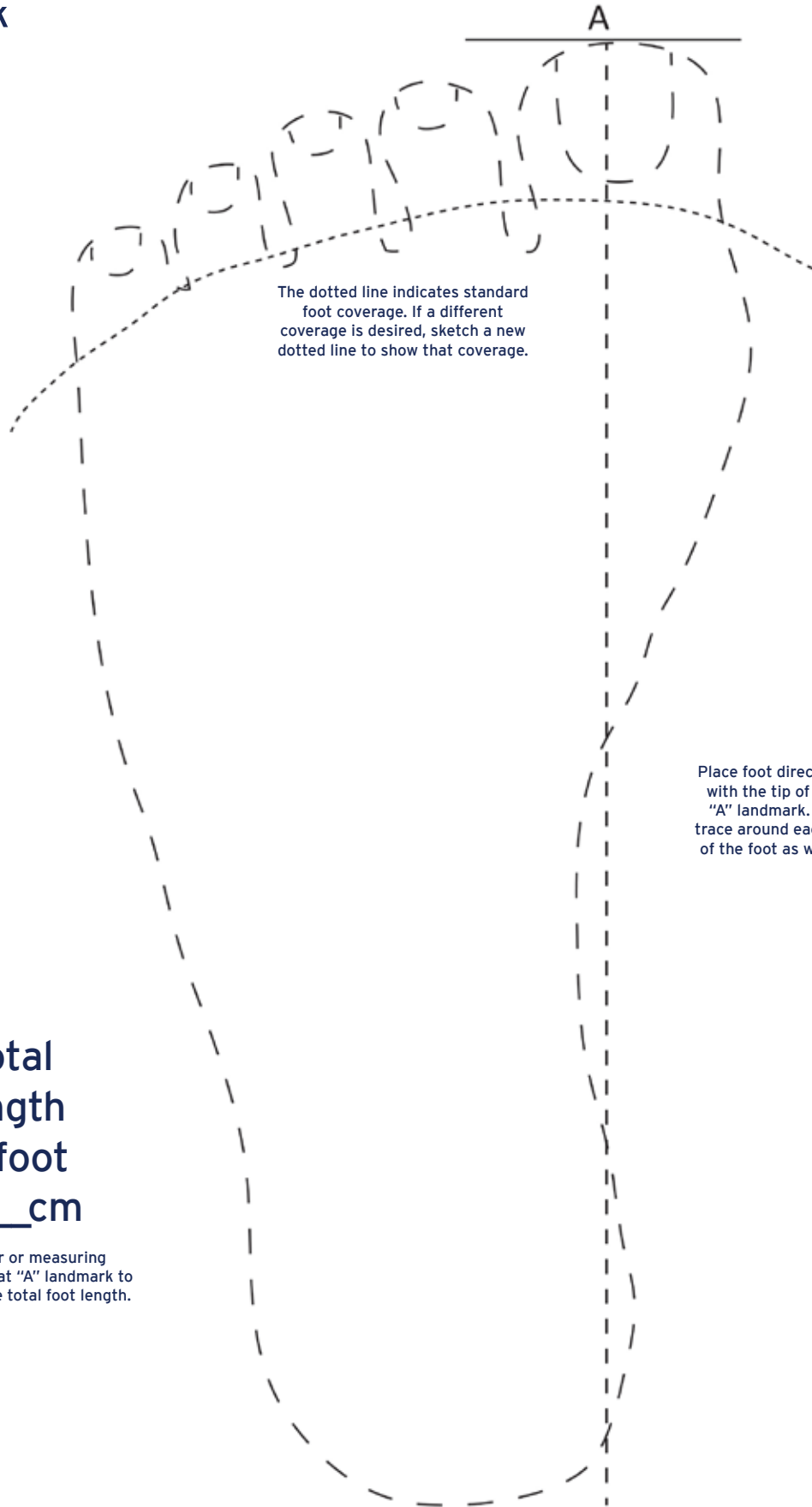
Total length of foot  
\_\_\_\_\_ cm

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



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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 length of foot \_\_\_\_\_ cm

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