



JoViPak

Shoulder-Torso Arm Sleeves Custom

TO ORDER:

Email:

ca.customerservice@essity.com

Tel: 1-877-978-5526

Fax: 1-877-978-9703

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



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® 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	

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



JOBST®, an Essity brand

jobstcanada.com

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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

SS to H (REQUIRED)

(Length: Neck Line to Tip of Acromiom Process)

ARM

Please record all measurements in centimeters
All measurements are required

H to G to H
(Arm Hole)

Lengths (Medial)

G (Torso @ Axilla)

G

G

G (Axilla)

C to G

G to N

N

F²

F² (Upper Bicep)

C to F²

N (Largest Chest)

N

F¹

F¹ (Mid Bicep)

C to F¹

M (Xyphoid Process)

M

F

F (Widest Bicep)

C to F

G to L

L

E

E (Least Elbow)

C to E

L (Lowest Rib)
(Recommended Length)

L

D¹

D¹ (Widest Forearm)

C to D¹

G to K

K

D

D (Distal Forearm)

C to D

K (Natural Waist)

C

C (Least Wrist)

B

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

Two Blend Foam
(Low ILD)

Four Blend Foam,
Standard

One piece Arm Sleeve,
glove attached (JoViJacket will also
be One Piece)

Two piece Arm Sleeve,
glove separate, Standard (JoViJacket will also
be Two Piece)

Additional Charge Options

Arm Sling Garment JoViJacket

Stitched Finger Glove

Pad (sewn in) Dorsum Palm

Torso Padding (must select one):

Horizontal Channels Vertical Channels No padding (no charge)

Zipper Dorsum to mid-forearm Wrist to elbow

Dycem®

Padded Insert (equalizes pressure over mastectomy site)

Colour: Black Buff

Size: Small (A/B) Large (D)

Medium (C) XLarge (DD/E)

Easy Slide (for garment without Stitched Finger Glove)

Prepaid Reduction



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

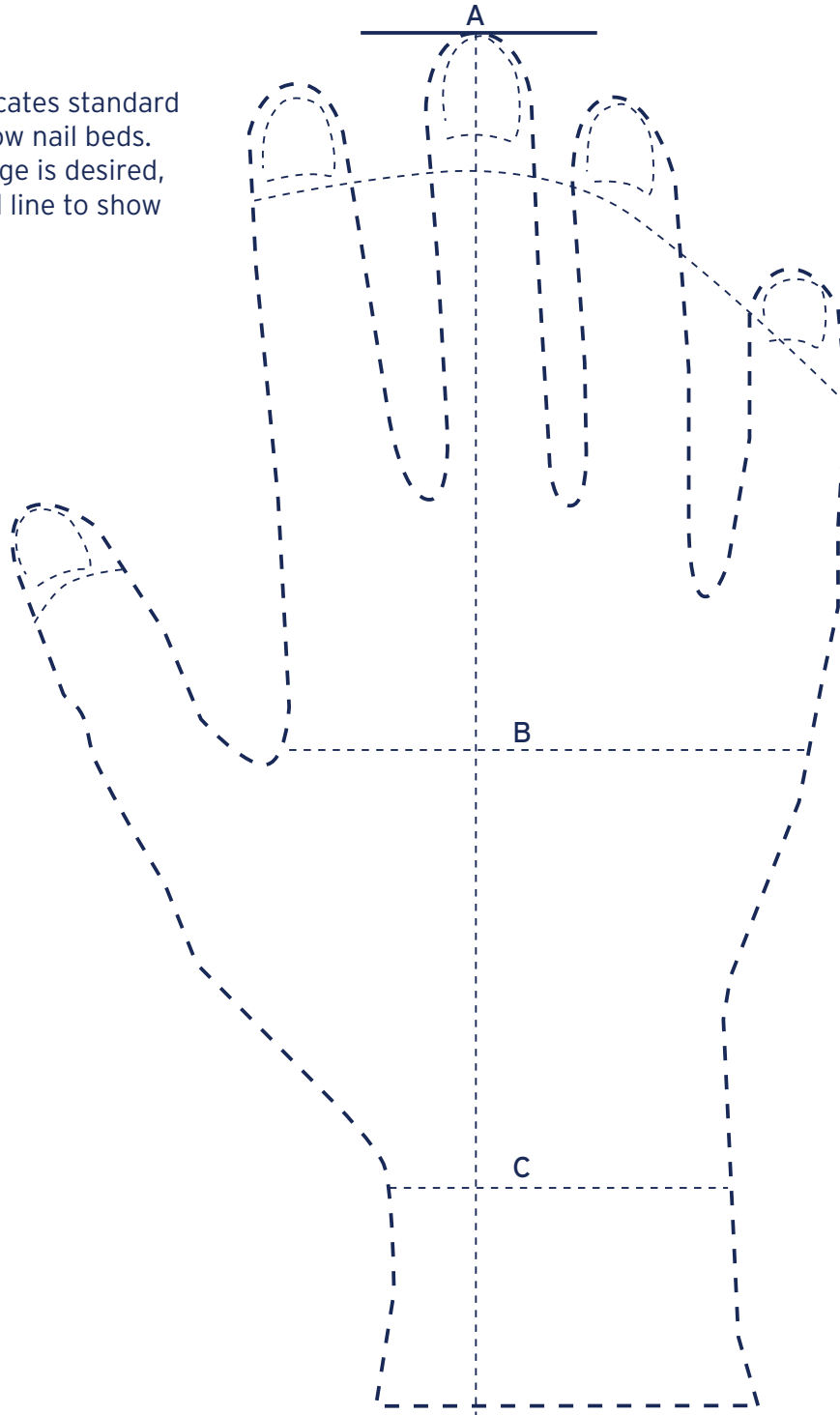


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CUSTOM HAND TRACING RIGHT HAND

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.



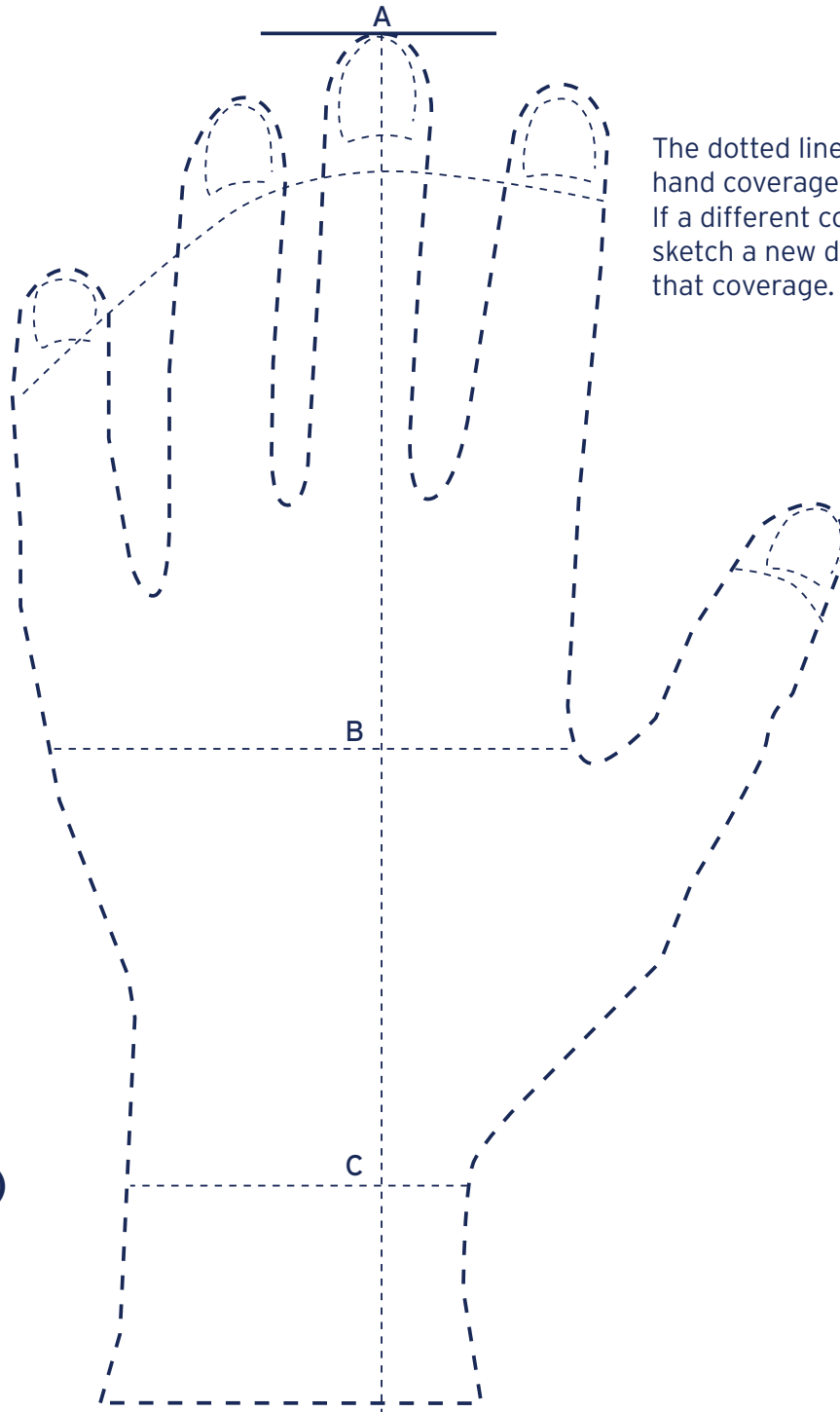
Total hand length (AC)
_____cm



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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