

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

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



Custom Busti



Custom Busti (posterior)

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	

JoViJacket - Nylon & Spandex Powernet	
<input type="checkbox"/> Black	<input type="checkbox"/> White

(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

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: _____

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