

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	

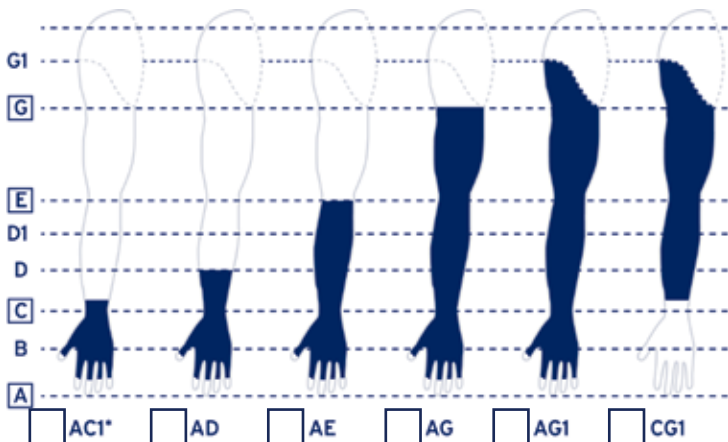
**BILLING ADDRESS**
**SHIPPING ADDRESS**
 Same as Billing Address

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


\*To only be worn with a CG1

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	

Organic Cotton Colours	
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	
SUPER Powernet Colours (InnaSleeve)	
<input type="checkbox"/> Black Cotton/ Black SUPER Powernet	<input type="checkbox"/> Ivory Cotton/ Buff SUPER Powernet

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



# Arm Sleeves Custom

## JoViPak

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

Previous Patient?  Yes Gender:  F  M

Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary (congenital) or  Secondary Lymphedema  
(if no selection is made, JoViPak will default to Secondary Lymphedema)

\*Height and weight are required.

Measure extended arm in relaxed position, palm up  
Please record all measurements in centimeters  
All measurements are required.

**Circumference**

G<sup>1</sup> Lateral Rise Options:  
 6.35 cm (default)  
 10.15 cm

Left	Right	Measurement	Measurement	Arm Lengths
<input type="text"/>	<input type="text"/>	G (Axilla)	G	C to G
<input type="text"/>	<input type="text"/>	F <sup>2</sup> (Upper Bicep)	F <sup>2</sup>	C to F <sup>2</sup>
<input type="text"/>	<input type="text"/>	F <sup>1</sup> (Mid Bicep)	F <sup>1</sup>	C to F <sup>1</sup>
<input type="text"/>	<input type="text"/>	F (Lower Bicep)	F	C to F
<input type="text"/>	<input type="text"/>	E (Least Elbow)	E	C to E
<input type="text"/>	<input type="text"/>	D <sup>1</sup> (Widest Forearm)	D <sup>1</sup>	C to D <sup>1</sup>
<input type="text"/>	<input type="text"/>	D (Distal Forearm)	D	C to D
<input type="text"/>	<input type="text"/>	C (Least Wrist)	C	
<input type="text"/>	<input type="text"/>	B (Palm at Web Space) Do not include thumb	B	C to B
<input type="text"/>	<input type="text"/>	A (Tip of Longest Finger) - REQUIRED	A	C to A

### Additional Charge Options

JoViJacket  Black  White  
(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness)

- Stitched Finger Glove
- Pad - Dorsum (sewn in; provides additional pressure on dorsum)
- Palm Pad (sewn in; equalizes pressure in palm area)
- Two Piece Arm Sleeve (AG1 or AG - separate hand; JoViJacket will match garment)
- Zipper - dorsum to mid-forearm
- Zipper - elbow to axilla
- Zipper - wrist to elbow
- Dycem® - donning aid
- Arion Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
- Prepaid Reduction Option

### No Charge Options

- Slimline (more channels and less foam than standard channelling)
- Cover to middle of fingers
- Cover to base of fingers
- Cover fingers completely
- 2 Blend Foam (Low ILD)

Dycem® is a registered trademark of Dycem Ltd.

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.



### Arion Easy-Slide Arm

- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid

Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	37-38.5cm (14.5"-15.1")	7966102	1	
Large	39-41cm (15.3"-16.1")	7510001	1	



Comments: \_\_\_\_\_

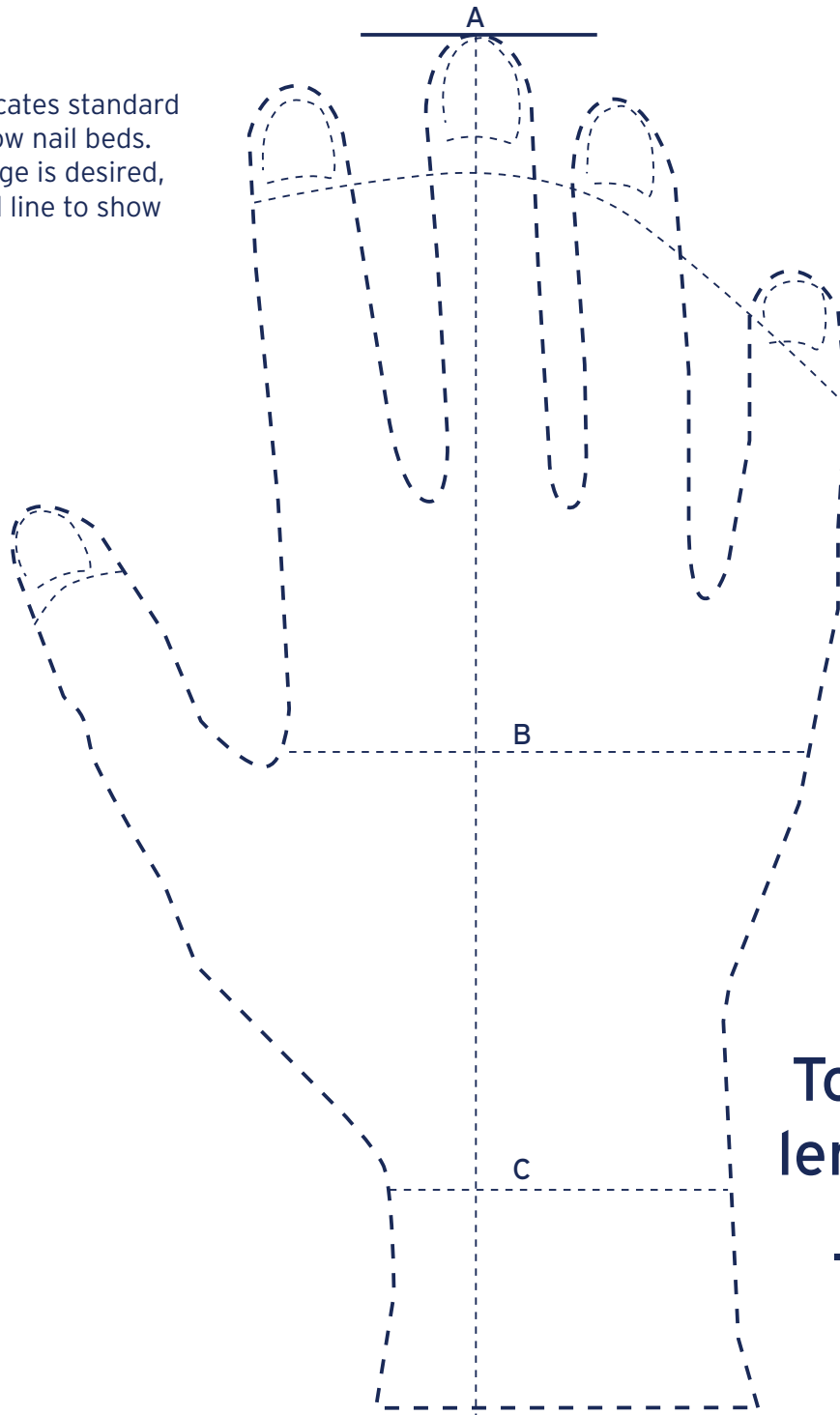
Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

# 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.

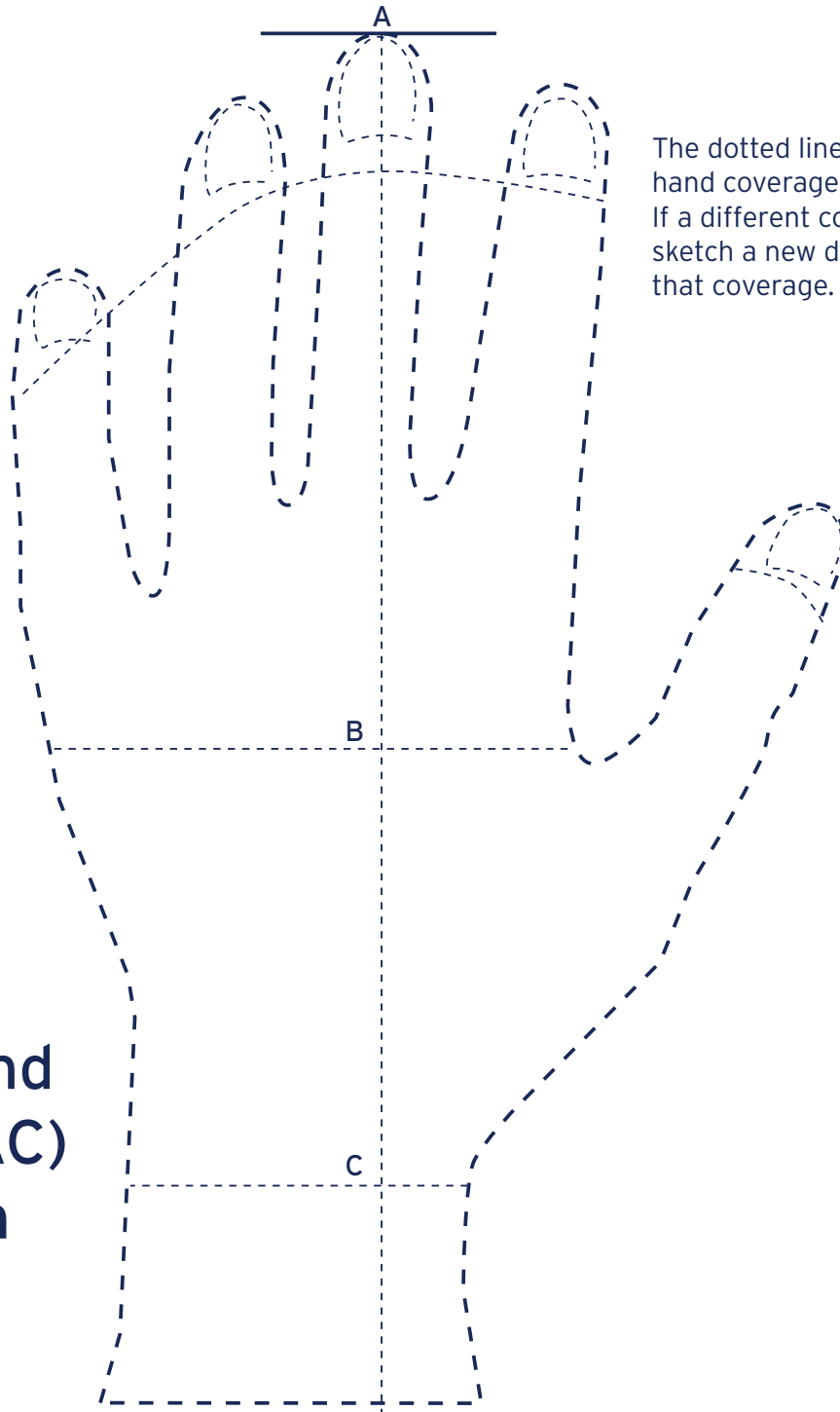
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



Total hand  
length (AC)  
\_\_\_\_\_ cm

# 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