

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

 Boxer

 Boxer Capri

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	

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

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 ²			
<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 ² (Upper Thigh)	F ²	A to F ²	<input type="checkbox"/>
<input type="checkbox"/>	F ¹ (Mid Thigh)	F ¹	A to F ¹	<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 ¹ (Base of Calf)	B ¹	A to B ¹	<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"/>	a (Tip of Toe)			
<input type="checkbox"/>	i (Instep)			
<input type="checkbox"/>	b (At base of little toe)			
<input type="checkbox"/>	A-i (Heel to instep)			
<input type="checkbox"/>	A-b (Heel to base of toe)			
<input type="checkbox"/>	A-a Total Foot Length			

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

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.

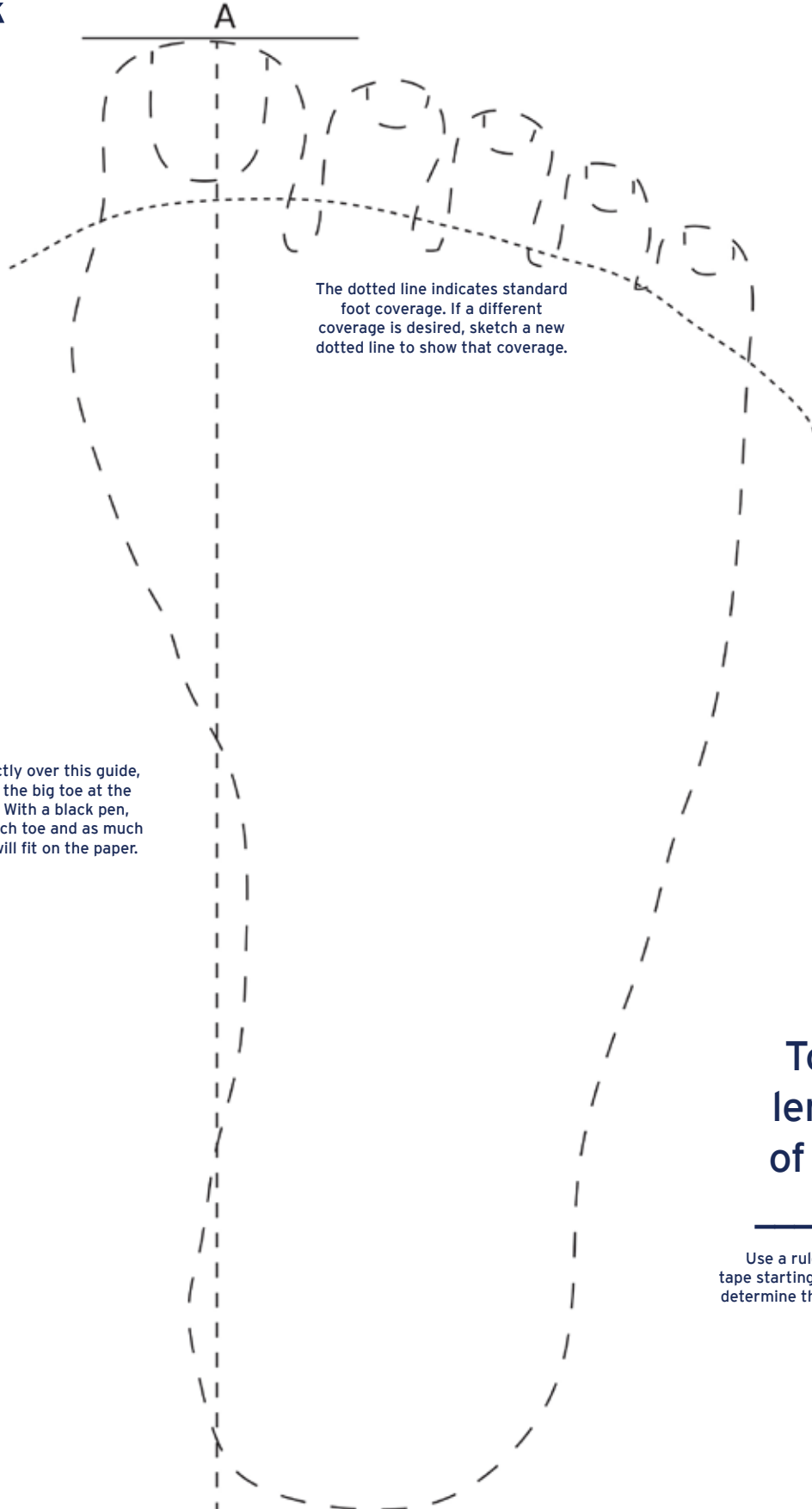
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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



JoViPak

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

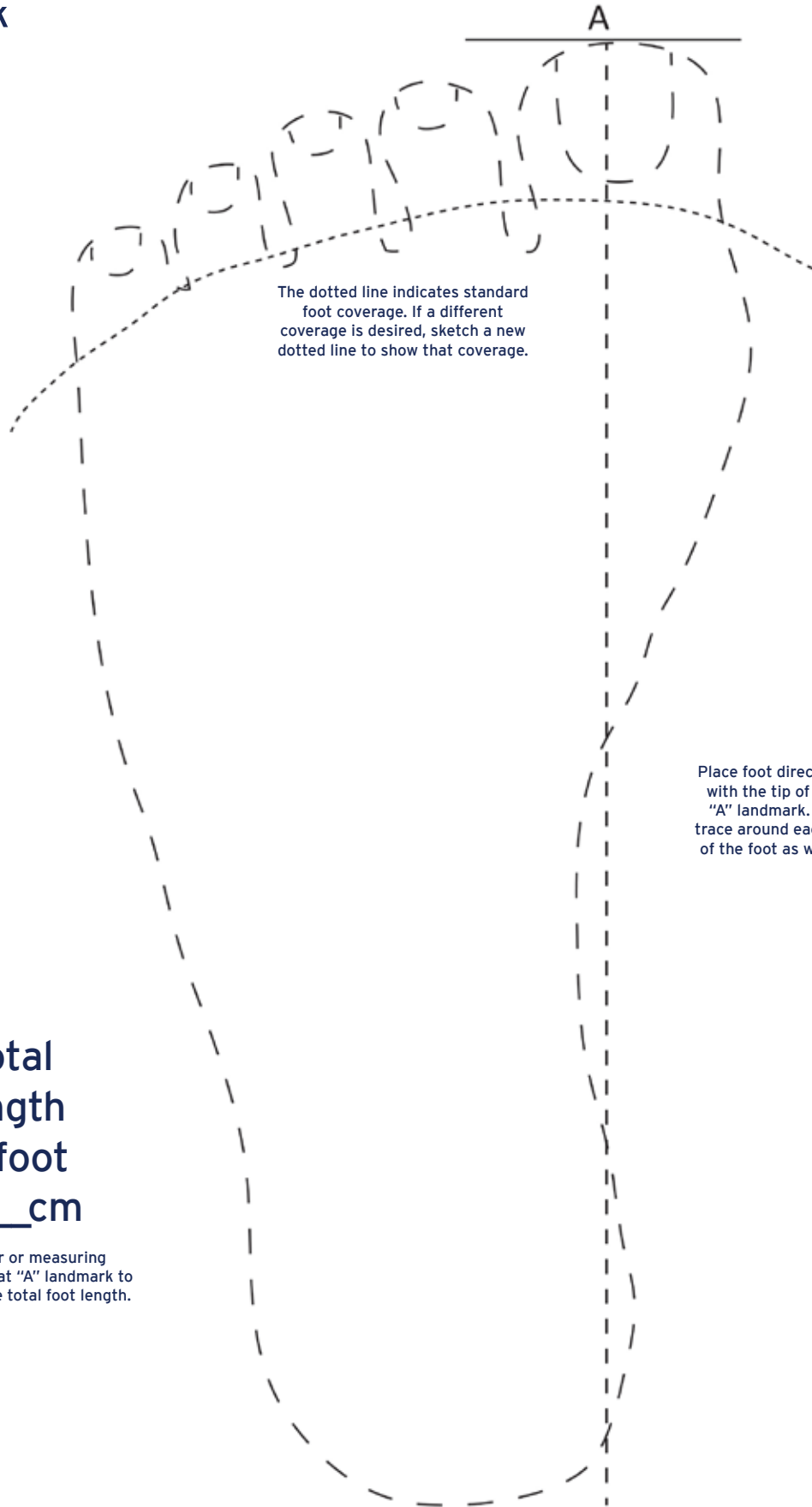
Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Patient Name or Reference #: _____



JoViPak

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.