

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 **SHIPPING 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

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.

Length

L (Lowest Rib) L A to L

K (Natural Waist) K K² (Back) A to K
G to K²

J (Mid Hip) J A to J

H (Widest Hip) H A to H

Left Right

G (Groin) PL G A to G

F² (Upper Thigh) F² A to F²

F¹ (Mid Thigh) PW F¹ A to F¹

F (Lower Thigh) F A to F

E (Flexion Crease) E A to E

D (Least Knee) D A to D

C (Widest Calf) C A to C

B' (Base of Calf) B' A to B'

B (Least Ankle) i-(Instep) b-(Base of Toe) B A to B

H/A (Heel/Ankle) H/A

a-(Tip of Toe) A

i-(Instep) a' b' i' A-i (Heel to instep)

b-(At base of little toe) A-b (Heel to base of toe)

A-a (Total Foot Length) A-a

PL Pannus Length, L to G (around and under fold)

PW Pannus Width, contour lateral to lateral across widest point

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.

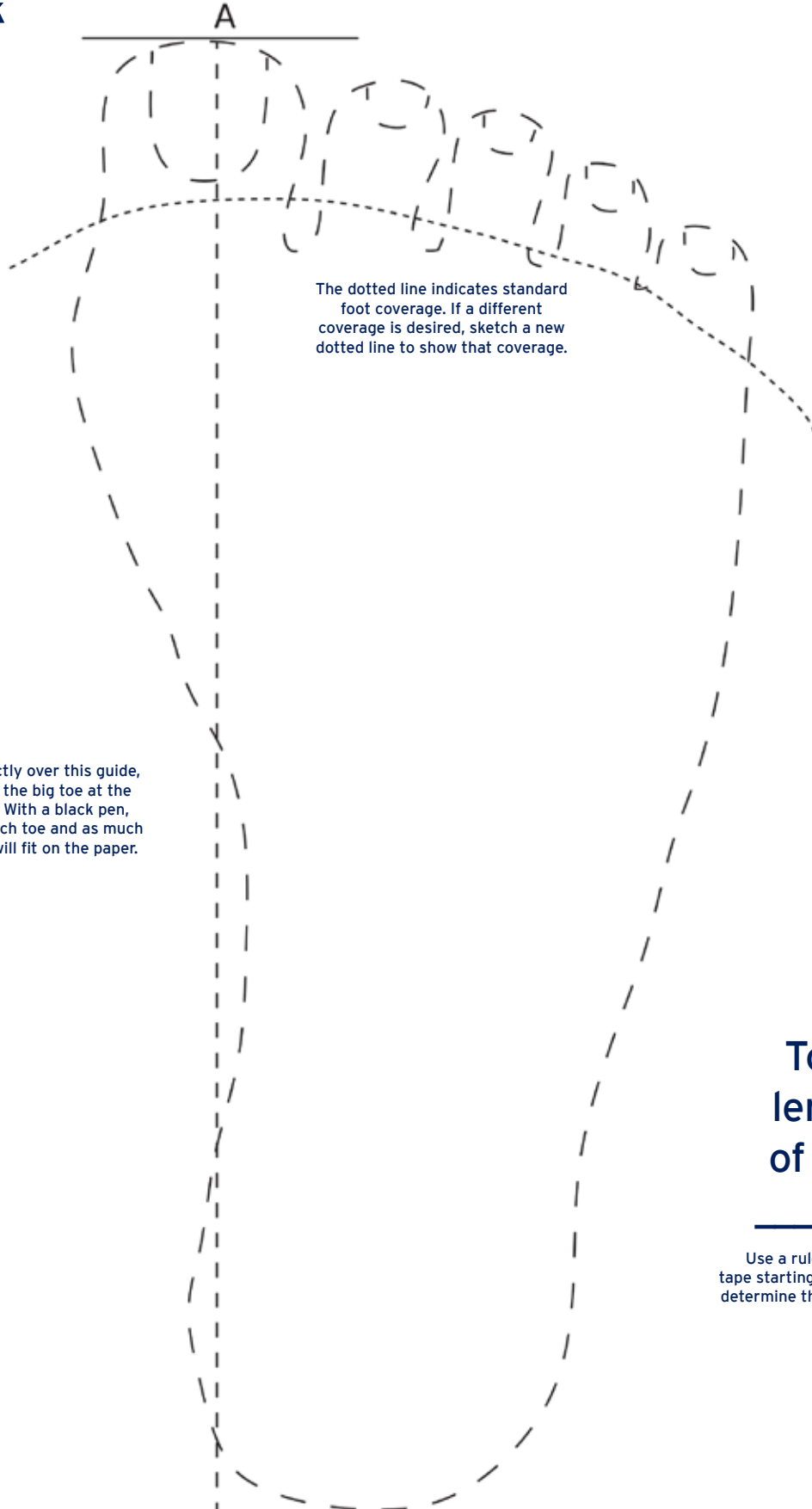
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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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.

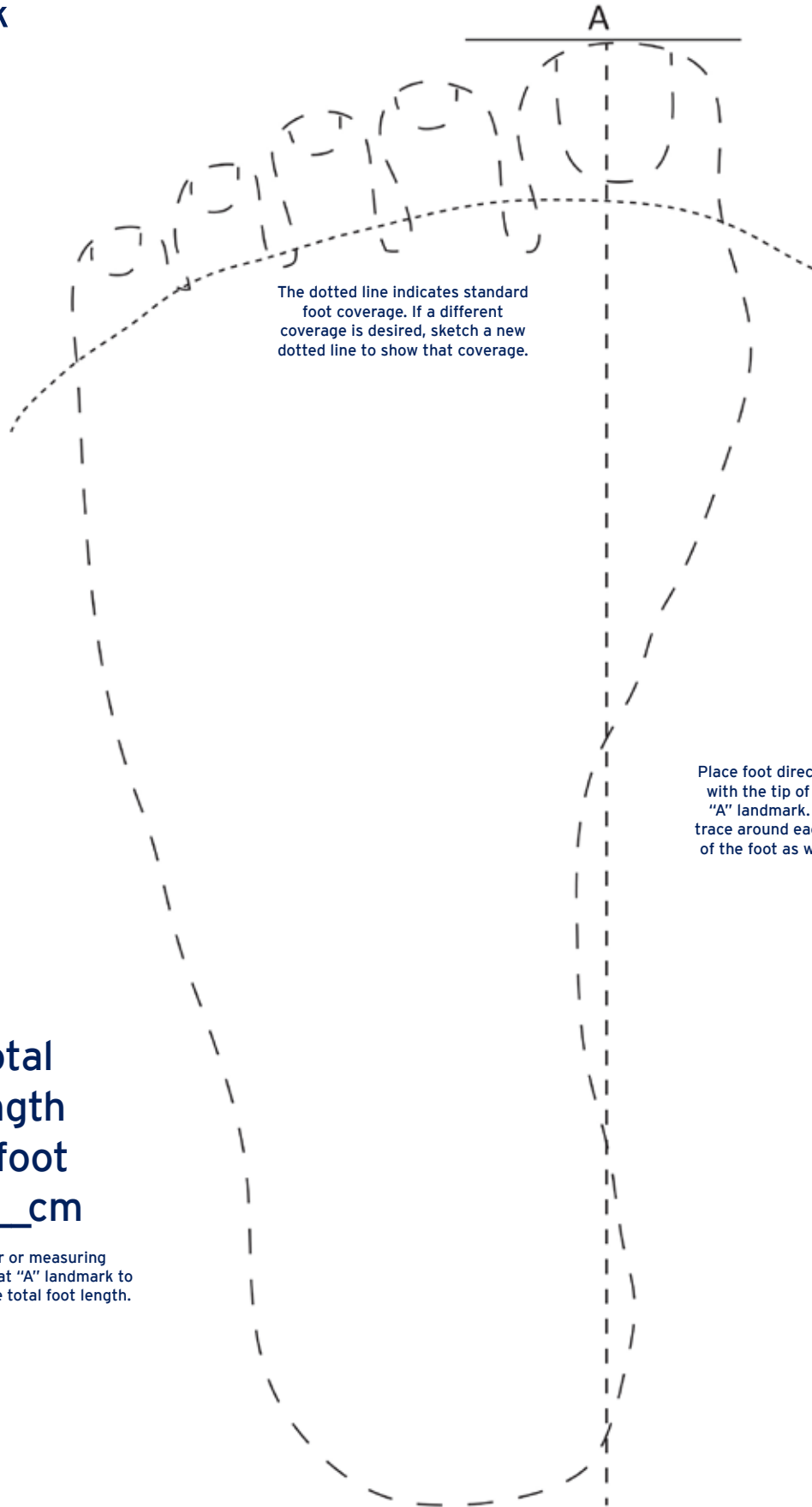
Total length of foot _____ cm

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



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.