

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	<input type="checkbox"/> Same as Billing Address
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Business Name	Business Name
Address	Address
Attention	Attention
City State	City State
Phone Zip	Phone Zip

ORDER SPECIFICATIONS

Quote Only Quote & Proceed

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	<input type="checkbox"/> White (soft pink hue)

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

(JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)

Comments:

Fitter/Therapist Name: _____ Phone: _____

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at www.jovipak.com

Patient Name: _____ Previous Patient? Yes No
 Height: _____ Weight: _____ Birthdate: _____ Cup Size: _____
 Lumpectomy Left Right Reconstruction Left Right

Bustis are produced with Slimline channeling (more channels and less foam than standard channeling).

Please record all measurements in centimeters

Circumferences

R-(Torso at Axilla)

N-(Largest Chest)

M-(Xyphoid Process)

L-(Lowest Rib)

Lengths

L to R

L to N

L to M

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: _____