

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.

**Length**

L (Lowest Rib) L A to L

K (Natural Waist) K K<sup>2</sup> (Back) A to K  
G to K<sup>2</sup>

J (Mid Hip) J A to J

H (Widest Hip) H A to H

**Left Right**

G (Groin) PL G A to G

F<sup>2</sup> (Upper Thigh) F<sup>2</sup> A to F<sup>2</sup>

F<sup>1</sup> (Mid Thigh) PW F<sup>1</sup> A to F<sup>1</sup>

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<sup>1</sup> (Base of Calf) B<sup>1</sup> A to B<sup>1</sup>

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) i

b-(At base of little toe) b

A-i (Heel to instep)

A-b (Heel to base of toe)

A-a (Total Foot Length)

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

PW-Pannus Width, contour lateral to lateral across widest point

Zipper centerfront

2 Zipper sides suggested

4 Donning loops suggested

**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.

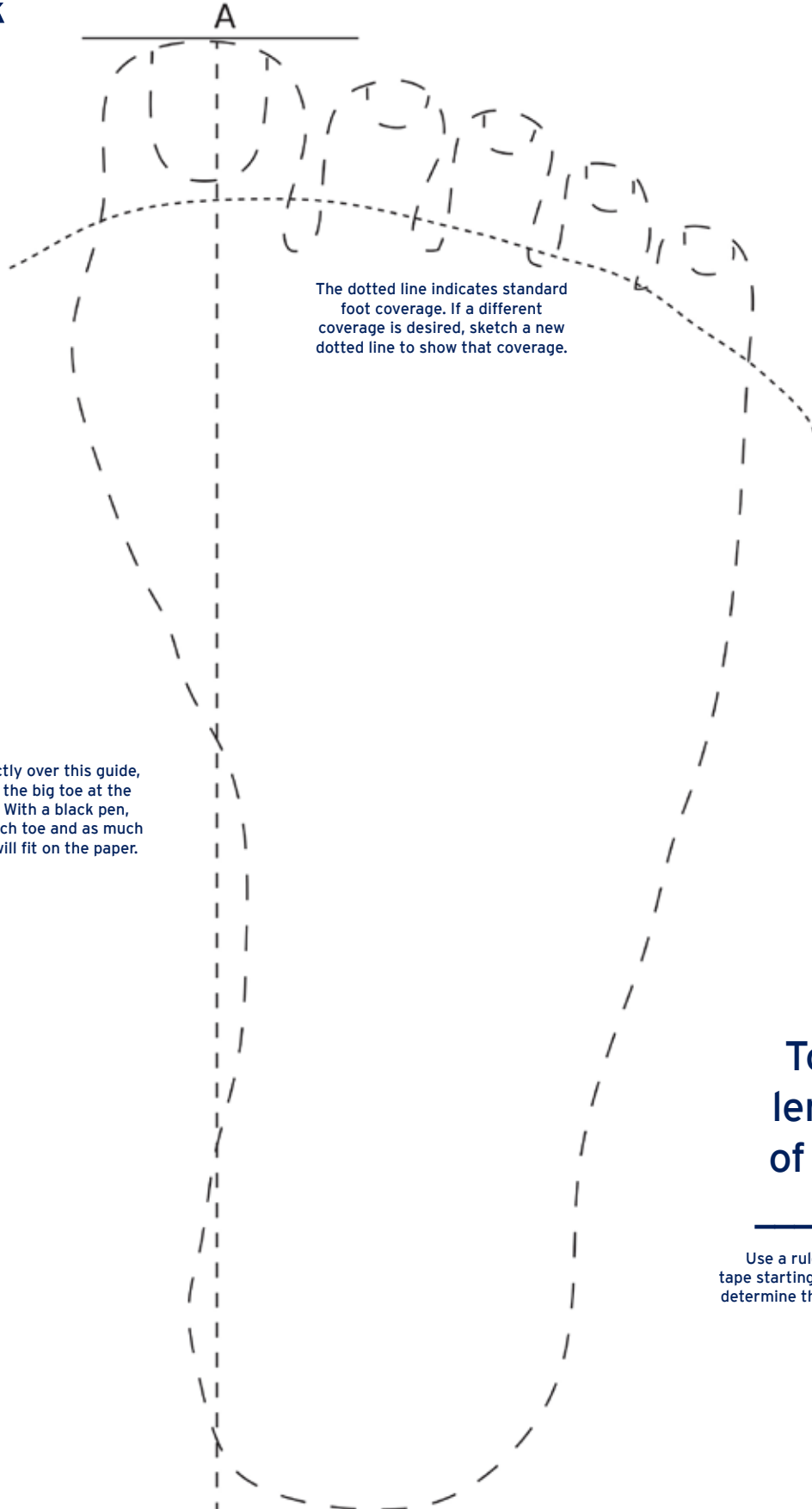
Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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.

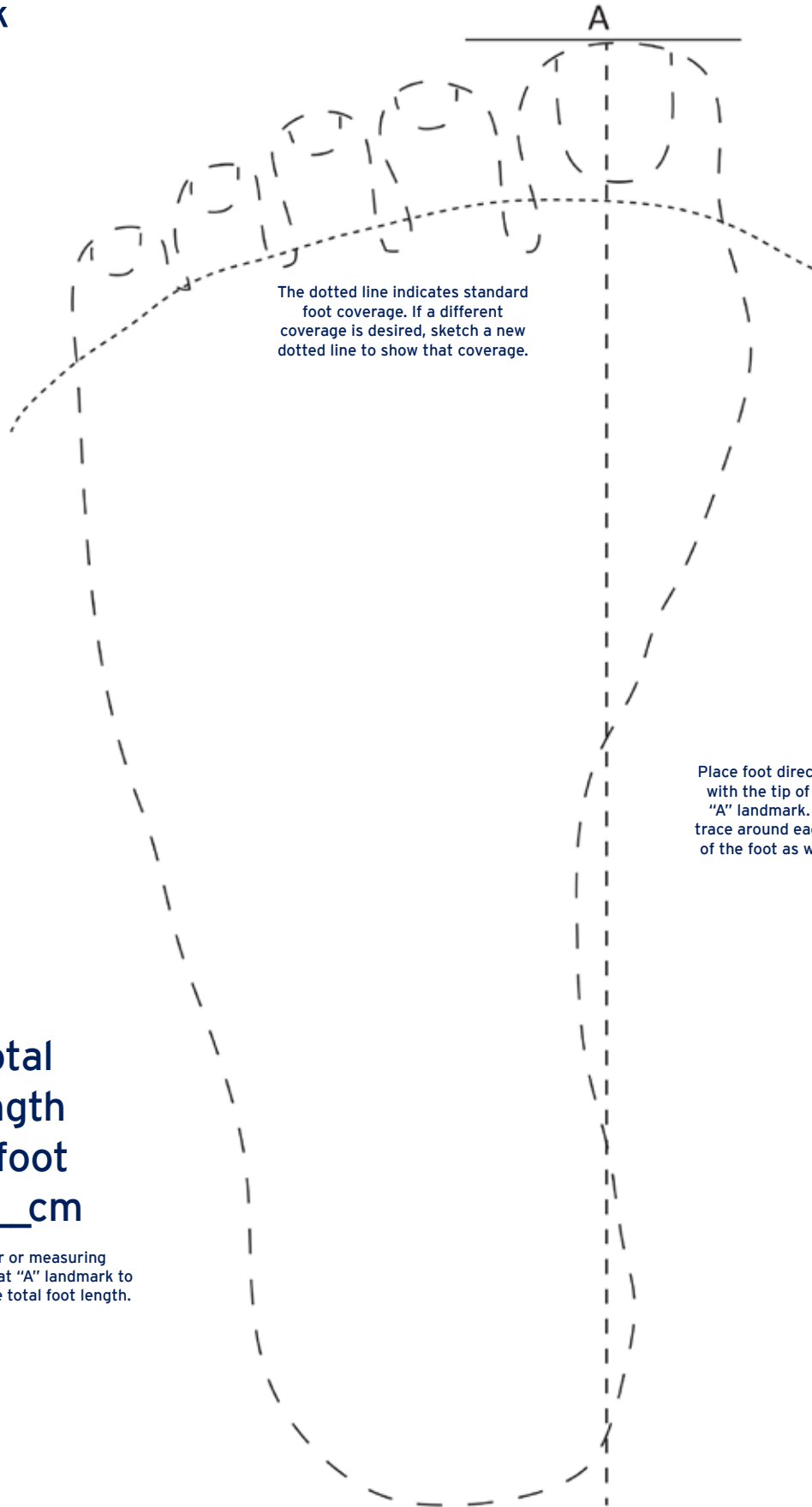
Total length of foot \_\_\_\_\_ cm

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



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.