



Hip Huggers Custom

FAX COMPLETED FORM TO 1-877-760-4943

PAYMENT INFORMATION				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date		Patient Name	
Card #				Fax Confirmation #	
Name on Card				Email Confirmation	
BILLING ADDRESS			SHIPPING ADDRESS		
			<input type="checkbox"/> Same as Billing Address		
Business Name				Business Name	
Address				Address	
Attention				Attention	
City		State		City	
Phone		Zip		Phone	
				Zip	
ORDER SPECIFICATIONS					
<input type="checkbox"/> Quote Only		<input type="checkbox"/> Quote & Proceed		<input type="checkbox"/> Dealer Pricing	
				<input type="checkbox"/> MSRP	
RUSH OPTION <input type="checkbox"/> Additional 25% charge for 3 business day production period					
SHIPPING <i>Shipping rates may vary, depending on services requested and/or rates charged by carrier.</i>					
<input type="checkbox"/> FedEx® (2 day shipping) \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)		<input type="checkbox"/> Check if shipping to a residence		<input type="checkbox"/> USPS Priority Mail Flat Rate® Small or Medium box For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)	



Hip Hugger



Hip Hugger Full Leg

Hip Hugger Organic Cotton & Spandex

- Black
- Ivory
- Royal Blue



Hip Hugger Combi

Hip Hugger Combi Organic Cotton & Spandex with Nylon & Spandex Techsheen

- Black/Black
- Ivory/Buff

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.com.

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

Revised 02/2018

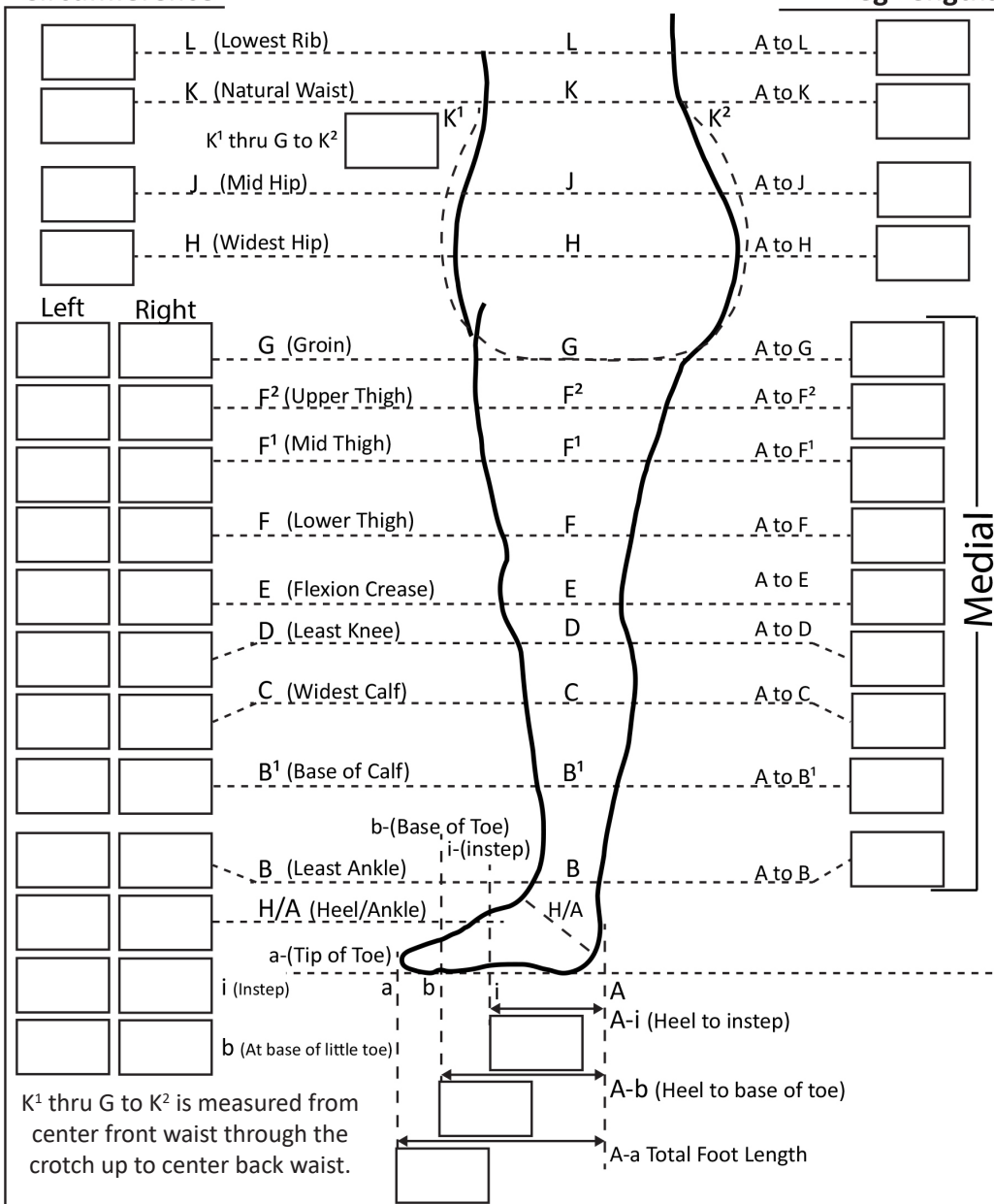
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Patient Name: _____ Previous Patient? Yes No
 Height: _____ Weight: _____ Birthdate: _____ Primary (congenital) or Secondary Lymphedema
(if no selection is made, JoViPak will default to Secondary Lymphedema)

Circumference Please record all measurements in centimeters.

Leg Lengths



Left **Right**

L (Lowest Rib) L A to L

K (Natural Waist) K A to K

K¹ thru G to K² K¹ K²

J (Mid Hip) J A to J

H (Widest Hip) H A to H

G (Groin) G A to G

F² (Upper Thigh) F² A to F²

F¹ (Mid Thigh) 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

B¹ (Base of Calf) B¹ A to B¹

B (Least Ankle) B A to B

H/A (Heel/Ankle) H/A

a (Tip of Toe) A

i (Instep) A-i (Heel to instep)

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

A-a Total Foot Length

K¹ thru G to K² is measured from center front waist through the crotch up to center back waist.

Hip Hugger (DK)

JoViJacket (DG)
 Black White

Custom Classic Lower Leg (AD)
 Left Right

JoViJacket (for separate AD garment)
 Black White

Hip Hugger Combi (DK)
(with nylon & spandex Techsheen outer covering)

Hip Hugger Full Leg (AK)

JoViJacket (AG)
 Black White

No Charge Options

Cover to tips of toes *(with separate AD or Full Leg Hip Hugger)*

Two Blend Foam *(Low ILD)*

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

Dycem® - donning aid

Easy-Slide - donning aid

Prepaid Reduction Option

Hip Hugger/Full Leg/Combi

AD Leg(s)

- JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.
- 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.com.
- If ordering additional leg garments, please include foot tracings.

Comments: _____

Fitter/Therapist Name: _____ Phone: _____

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