

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
 (Additional services may be available; contact JoViPak to discuss.)



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

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.

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



JoViPak

Boxers Custom

FAX COMPLETED FORM TO 1-877-760-4943

Patient Name: _____ Previous Patient? Yes Gender: F M

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-(Base of Toe) _____ i-(instep) _____ B _____ A to B _____

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 _____

Medial

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

No Charge Options

Cover to tips of toes (with separate AD or AF1)

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

Zipper - knee to groin

Dycem® - donning aid

Easy-Slide - donning aid

Prepaid Reduction Option

Boxer Boxer Capri

AF1 Leg AD Leg

- 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.

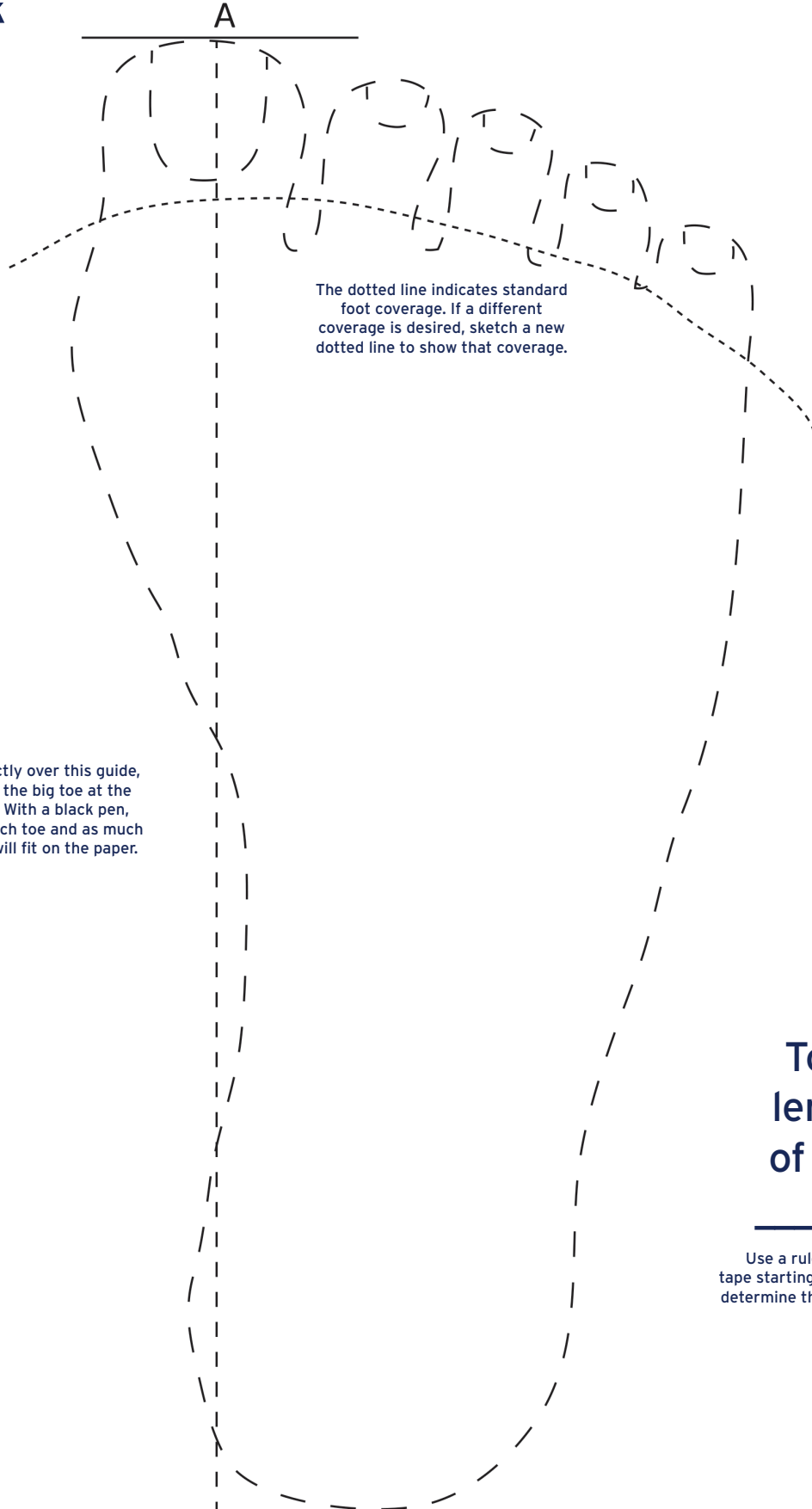
Fitter/Therapist Name: _____ Phone: _____

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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.

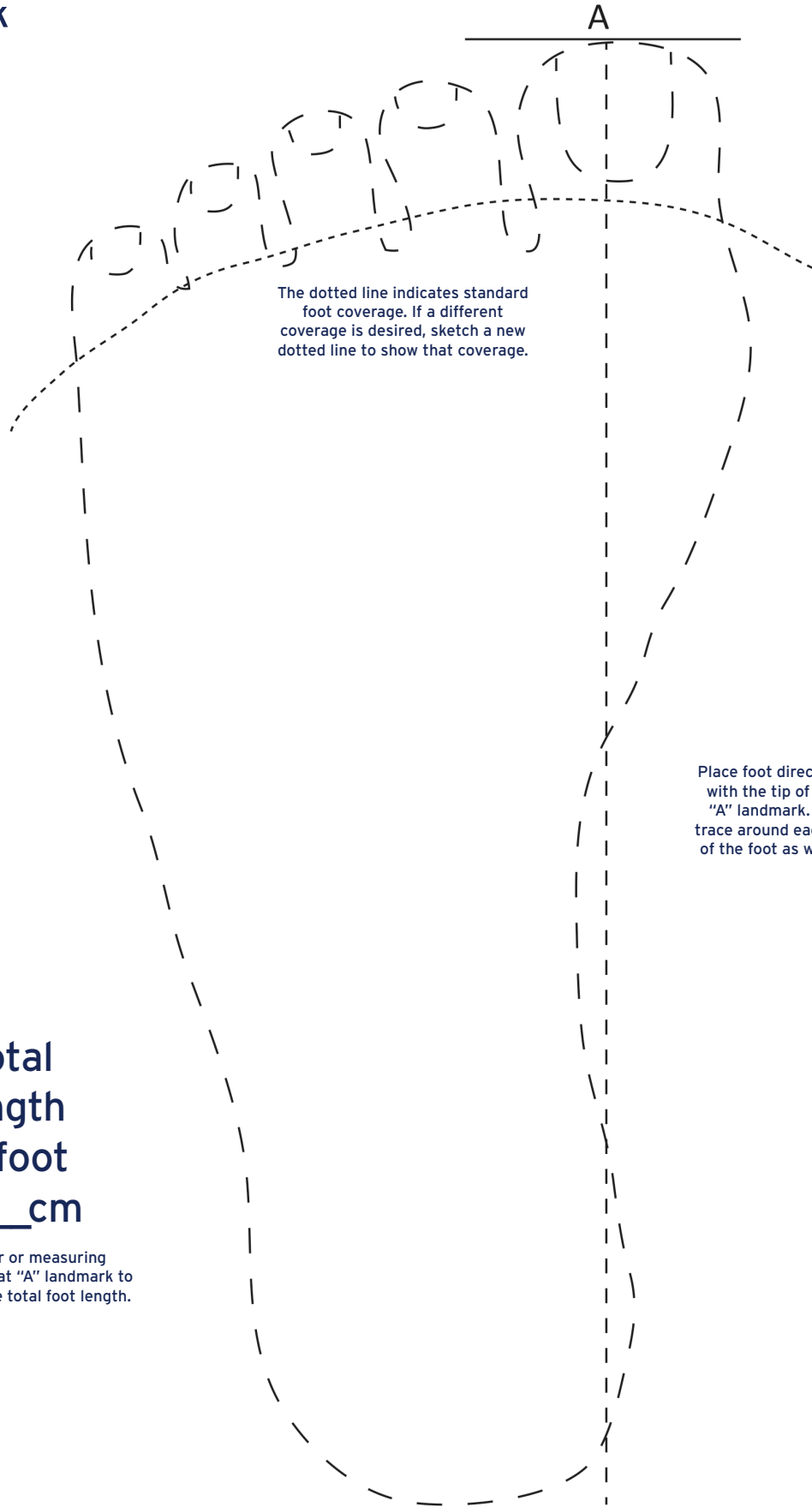
Total length of foot _____ cm

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.