



Legs Custom

FAX COMPLETED FORM TO 1-877-760-4943

JoViPak

Patient Name: _____

Previous Patient? Yes No

Height: _____ Weight: _____ Birthdate: _____

Primary (congenital) or Secondary Lymphedema

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 State	City State
Phone Zip	Phone Zip

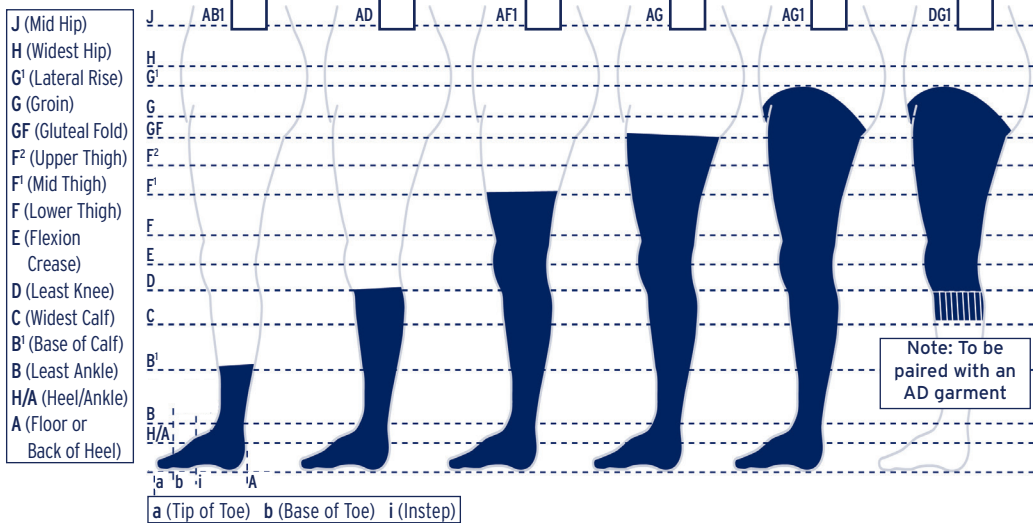
ORDER SPECIFICATIONS

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



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	

Organic Cotton Colors

<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	

SUPER Powernet Colors

(InnaBoot only)

<input type="checkbox"/> Black Cotton/Black SUPER Powernet	<input type="checkbox"/> Ivory Cotton/ Buff SUPER Powernet
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Fitter/Therapist Name: _____ Phone: _____ Email: _____

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



JOBST®, an Essity brand



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA

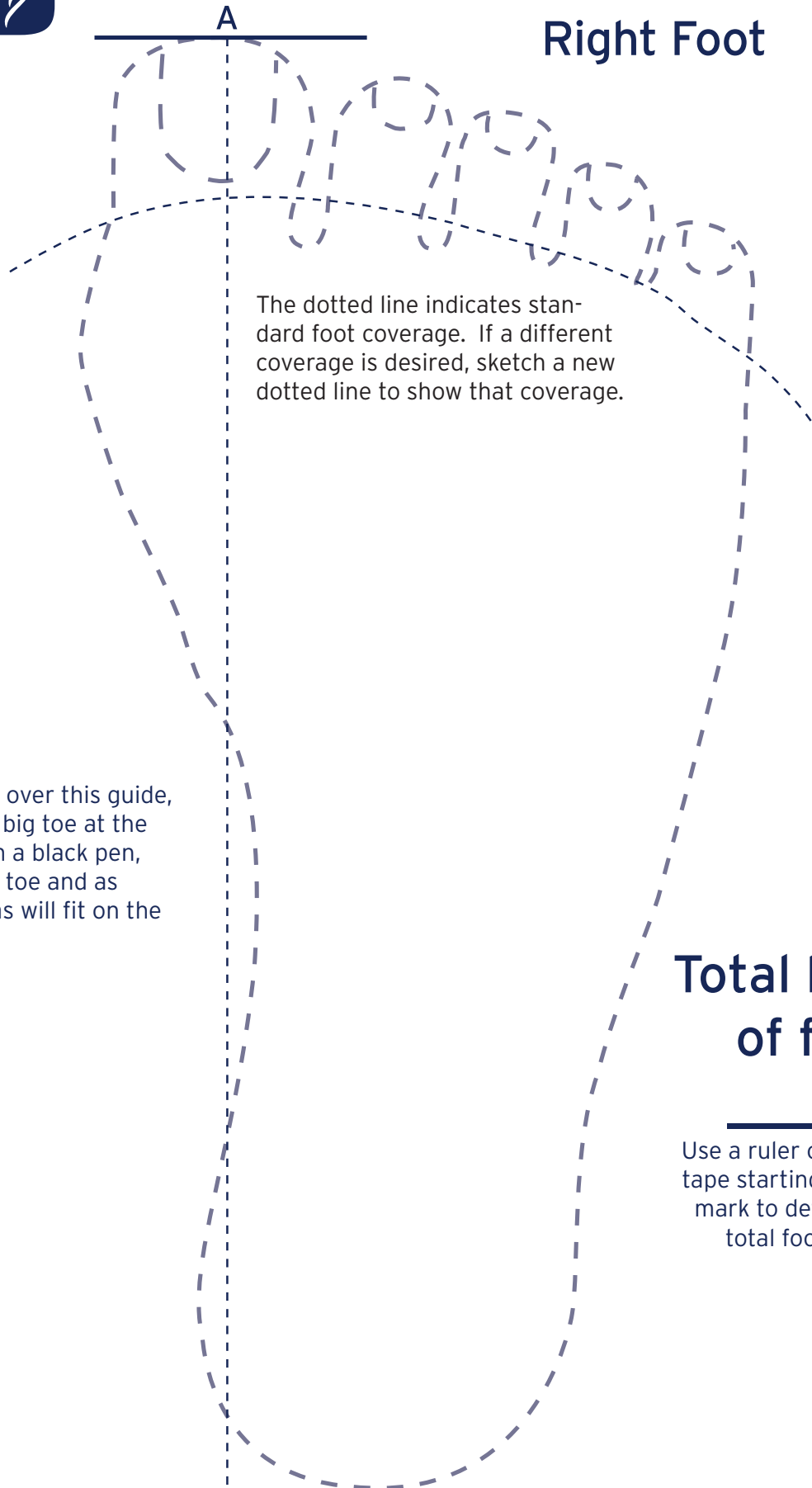


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Custom Foot Tracing Right Foot

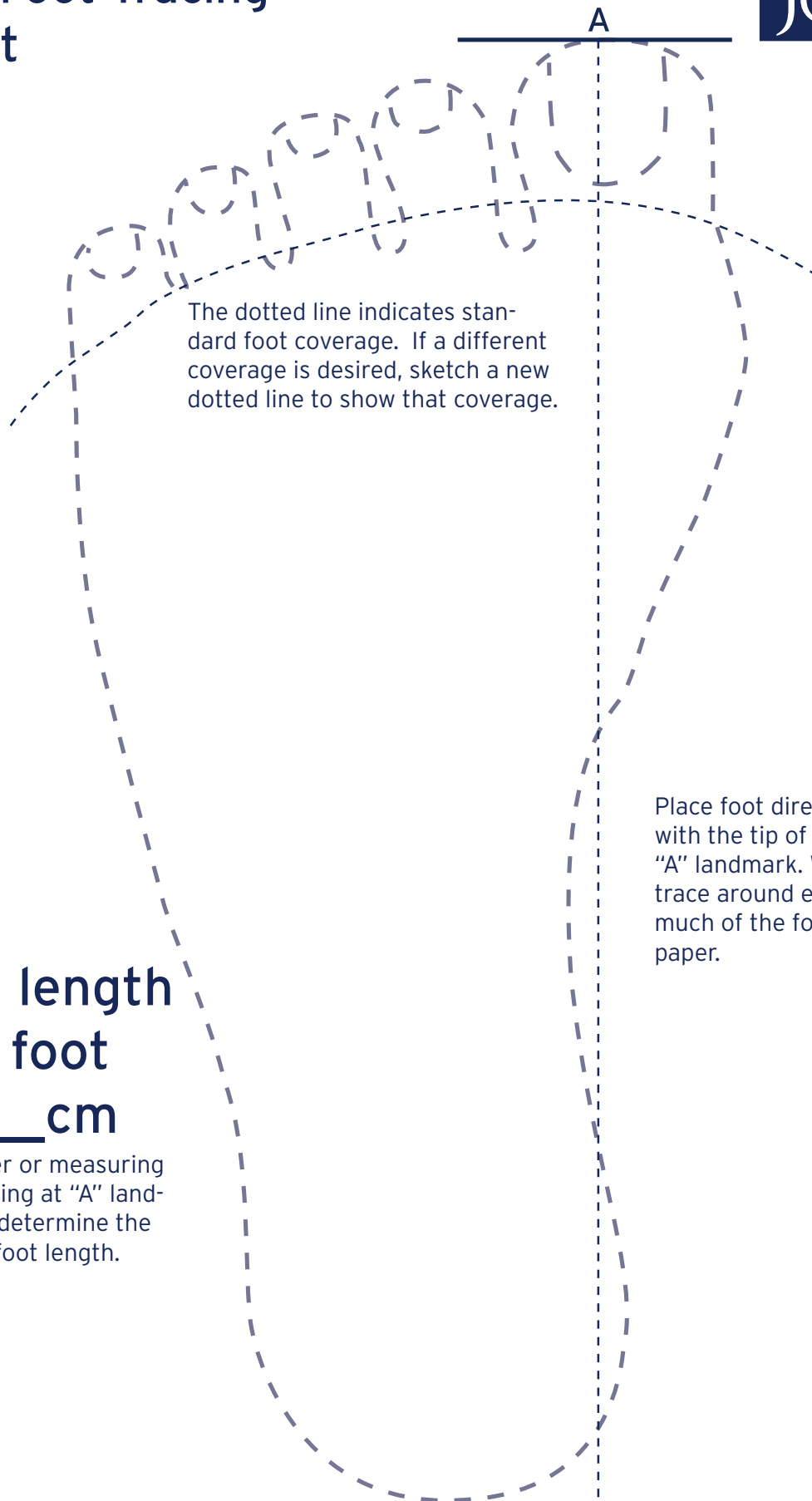


Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**Total length
of foot**
_____cm

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

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.

Patient Name or Reference # _____