



JoViPak

# Legs Custom

**TO ORDER:**

**Email:**

**info.jovipak@essity.com**

**Tel: 1-866-888-5684**

**Fax: 1-877-760-4943**

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 State	City State
Phone Zip	Phone Zip

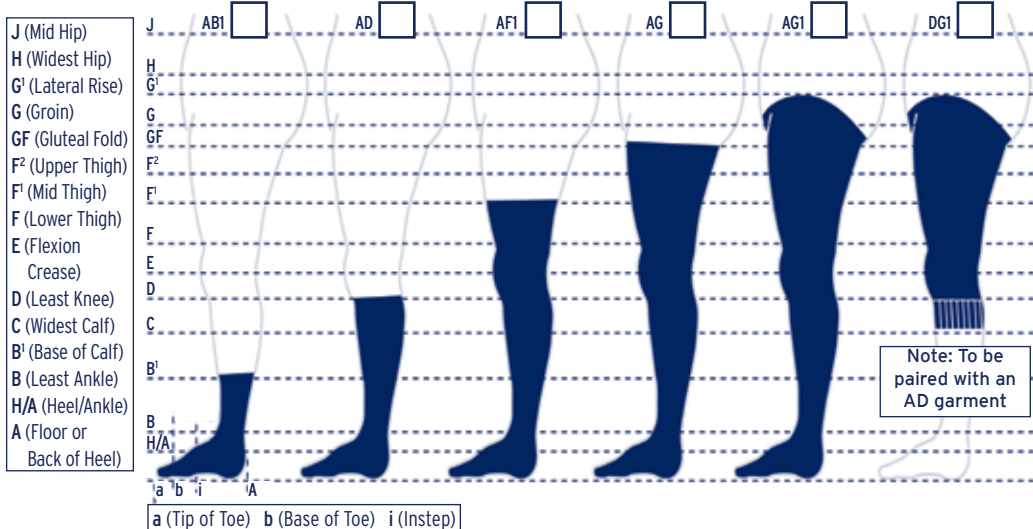
## ORDER SPECIFICATIONS

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



## 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	<input type="checkbox"/> Buff
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## JoViJacket

<input type="checkbox"/> Black	<input type="checkbox"/> White
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(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

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



JOBST®, an Essity brand



/JOBSTUSA



@JOBST\_USA



@JOBSTforUSA



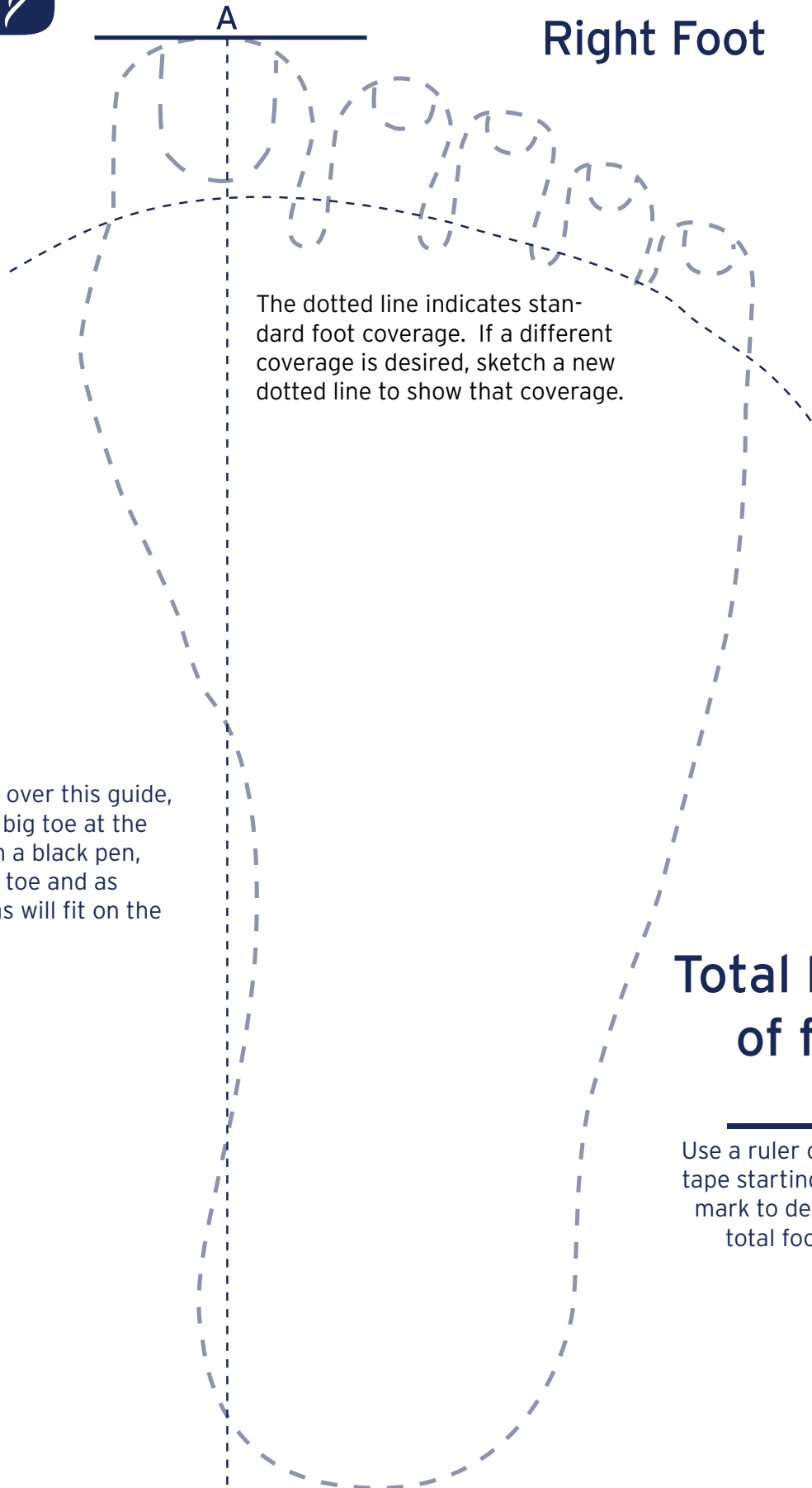
jobst-usa.com

BSN Medical Inc., an Essity company  
5825 Carnegie Blvd., Charlotte, NC 28209-4633  
Tel. (+1) 800 537 1063 Fax (+1) 800 835 4325

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# Custom Foot Tracing Right Foot

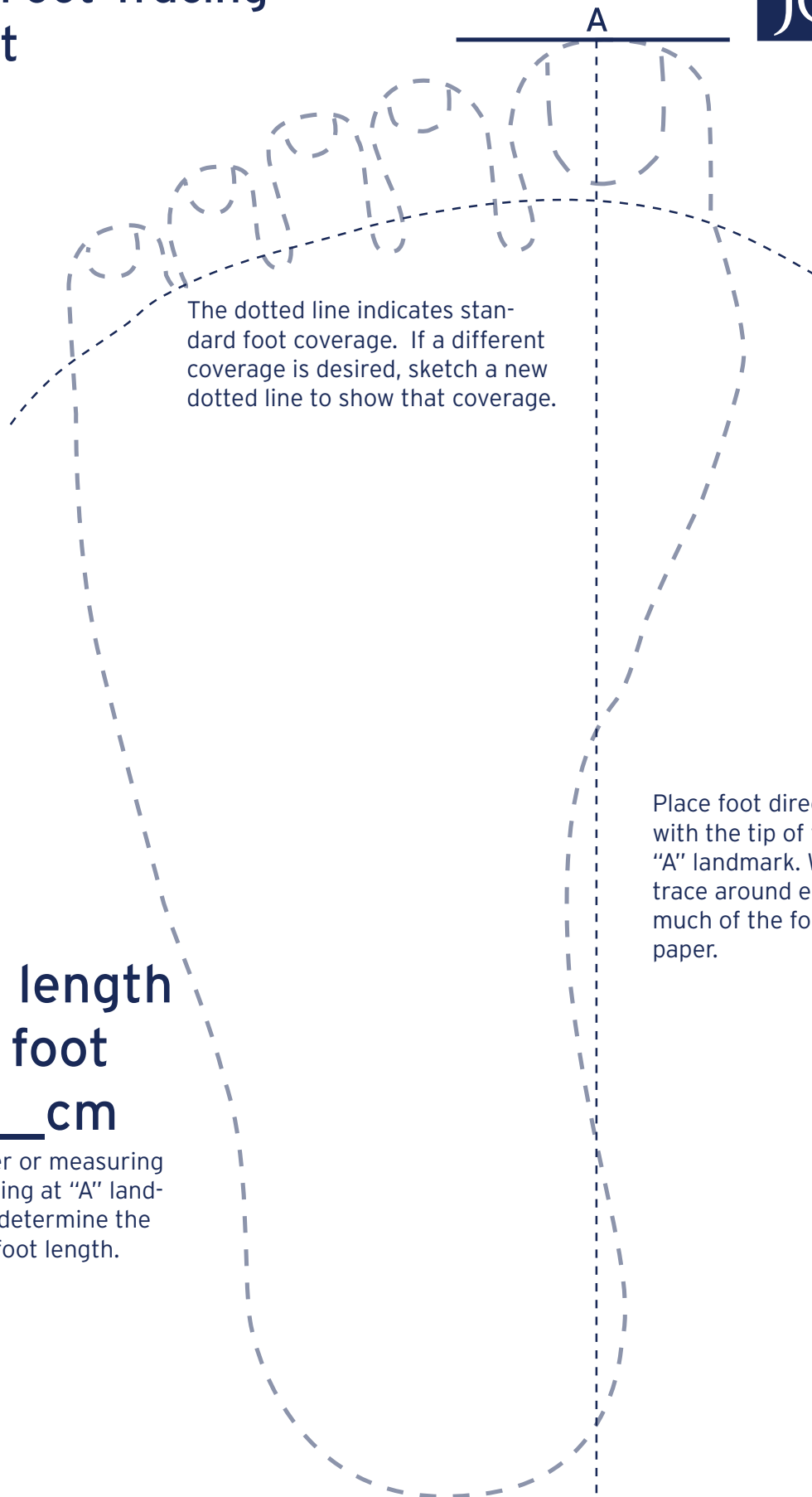


Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**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 # \_\_\_\_\_