



JoViPak

Arm Sleeves Custom

FAX COMPLETED FORM TO 1-877-760-4943

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)

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

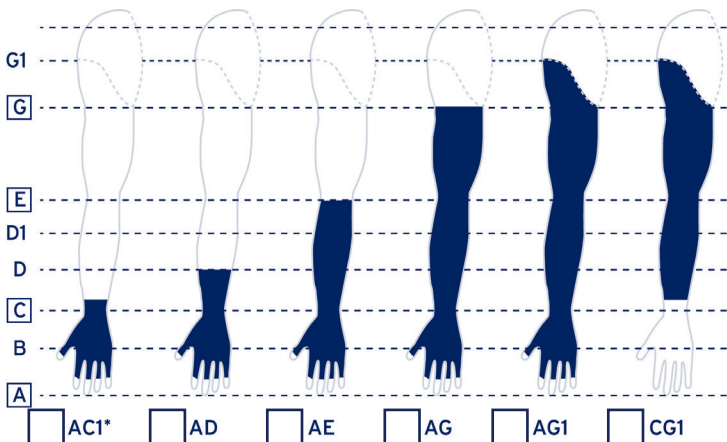
ORDER SPECIFICATIONS

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 (InnaSleeve)	
<input type="checkbox"/> Black Cotton/Black SUPER Powernet	<input type="checkbox"/> Ivory Cotton/ Buff SUPER Powernet

*To only be worn with a CG1

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



jobst-usa.com

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Arm Sleeves Custom

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JoViPak

Measure extended arm in relaxed position, palm up

Please record measurements in centimeters.

G1 Lateral Rise Options:

- 6.35 cm (default)
- 10.15 cm

Circumference

Arm Lengths

Measure Lengths medially

Left	Right			
<input type="text"/>	<input type="text"/>	G (Axilla)	G	C to G <input type="text"/>
<input type="text"/>	<input type="text"/>	F2 (Upper Bicep)	F2	C to F2 <input type="text"/>
<input type="text"/>	<input type="text"/>	F1 (Mid Bicep)	F1	C to F1 <input type="text"/>
<input type="text"/>	<input type="text"/>	F (Lower Bicep)	F	C to F <input type="text"/>
<input type="text"/>	<input type="text"/>	E (Least Elbow)	E	C to E <input type="text"/>
<input type="text"/>	<input type="text"/>	D1 (Widest Forearm)	D1	C to D1 <input type="text"/>
<input type="text"/>	<input type="text"/>	D (Distal Forearm)	D	C to D <input type="text"/>
<input type="text"/>	<input type="text"/>	C (Least Wrist)	C	
<input type="text"/>	<input type="text"/>	B (Palm at Web Space) Do not include thumb	B	C to B <input type="text"/>
<input type="text"/>	<input type="text"/>	A (Tip of Longest Finger) - REQUIRED	A	C to A <input type="text"/>

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.

Styles

- Standard Arm Sleeve (AC1 to AG1)
- InnaSleeve
(AG - Organic Cotton with attached SUPER Powernet JoViJacket)

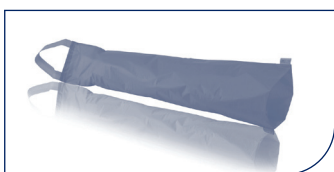
No Charge Options

- Slimline (more channels and less foam than standard channelling)
- Cover to middle of finger
- Cover to base of finger
- Cover fingers completely
- 2 Blend Foam (Low ILD)

Additional Charge Options

- JoViJacket Black White
(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness)
- Stitched Finger Glove
- Pad - Dorsum
(sewn in; provides additional pressure on dorsum)
- Palm Pad
(sewn in; equalizes pressure in palm area)
- Two Piece Arm Sleeve
(AG1 or AG - separate hand; JoViJacket will match garment)
- Zipper - dorsum to mid-forearm
- Zipper - elbow to axilla
- Zipper - wrist to elbow
- Dycem® - donning aid
- Arion Easy-Slide - donning aid
(for garments without a Stitched Finger Glove)
- Prepaid Reduction Option

Dycem® is a registered trademark of Dycem Ltd.



Arion Easy-Slide Arm ^{on}

- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid



Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	14.5"-15.1" (37-38.5cm)	7966102	1	
Large	15.3"-16.1" (39-41cm)	7510001	1	

Comments:

Fitter/Therapist Name: _____ Phone: _____ Email: _____

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

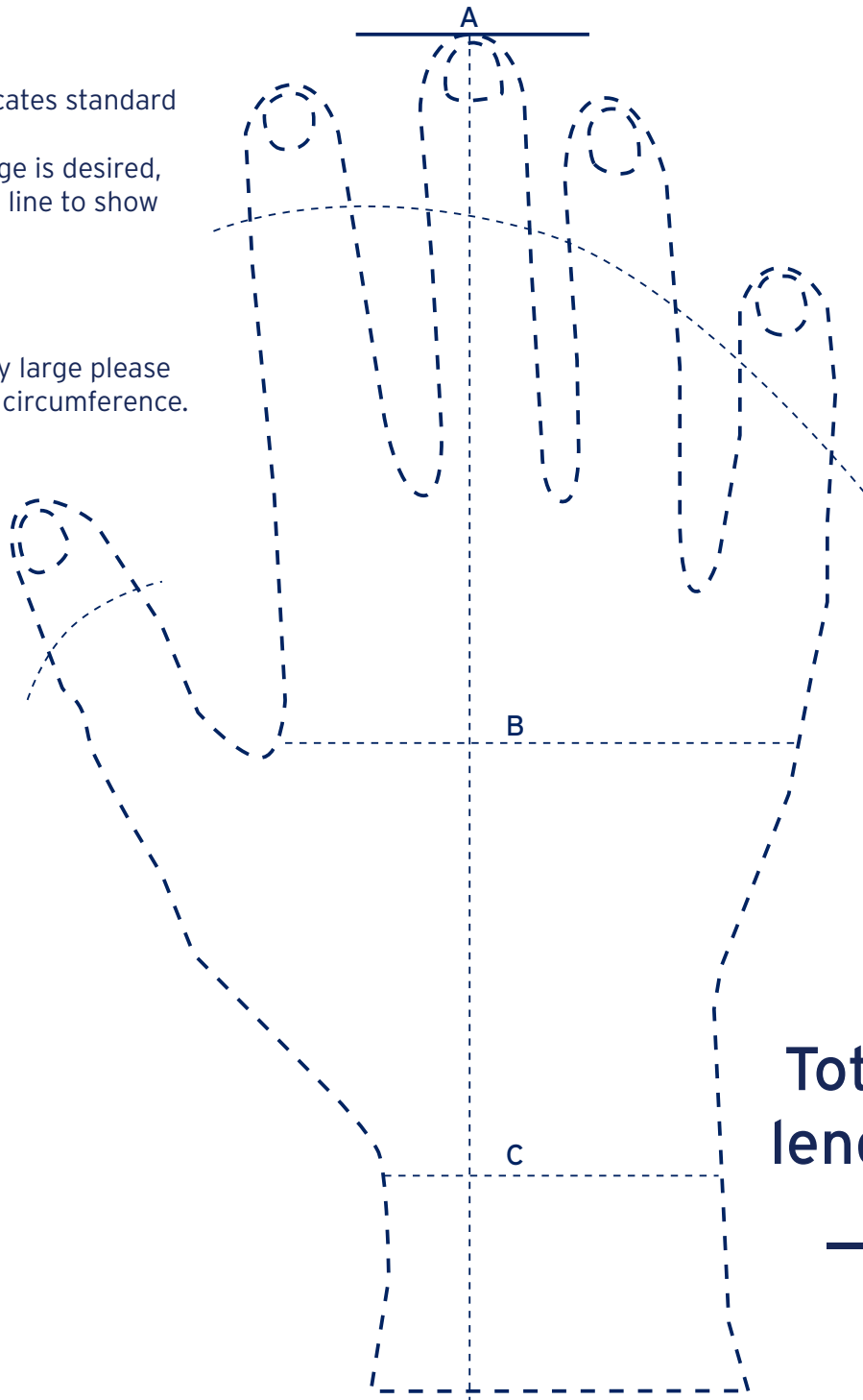
Patient Name or Reference # _____

Custom Hand Tracing Right Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

The dotted line indicates standard hand coverage.
If a different coverage is desired, sketch a new dotted line to show that coverage.

If thumb is unusually large please provide the knuckle circumference.



Custom Hand Tracing Left Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

