

Patient Name:__

Boxers with Pannus Custom

TO ORDER:

ca.customerservice@essity.com

Tel: 1-877-978-5526 Fax: 1-877-978-9703 eshop.jobst-ca.com

PAYMENT INFORMATION	N						
Account # (Required)	Bill to Account	Date					
Charge Credit Card	Card Exp. Date	PO#					
Card #		Fax Confirmation #					
Name on Card		Email Confirmation					
BILLING ADDRESS		SHIPPING ADDRES	ss	Same as Billing Address			
Business Name		Name					
Attention		Attention					
Address		Address					
City	Province	City	Pro	ovince			
Phone	Postal Code	Phone	Pos	stal Code			
ORDER SPECIFICATION	S						
Quote	Order						
RUSH OPTION Add	itional 25% charge for 3 business day p	production period					
SHIPPING Shipping rates may vary, depending on services requested and/or rates charged by carrier							
\$10.00 to business addresses \$13.25 to residential addresses							
		_	Dolowtoo® Do	Dave Calanna			
		Г	Black	ower Dry® Colours			
			Navy Blue	Pink			
	Boxer] Plum	Royal Blue			
Box		Boxer Capri	Stainless Steel				
			JoViJacket (Box	er - SUPER Powernet)			
			Black U	White Buff			
				to be worn with your JoVi foam um fit and effectiveness.)			
Comments:							
Fitter/Therapist Name:	Dha	uno:	Email				
Fitter/Therapist Name: Phone: Email: Email: All sales are subject to JoViPak's Return, Guarantee and Warranty policies							







Boxers with Pannus Custom

Patient N	ame:			Pre	vious Patient? ∐ Yes Gender: ∐ F ∐ M
	Weight*:weight are required.	Birt	:hdate:		
Height*:_ *Height and v	Weight *:	Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all me in centime All measurements at the step Please record all measurements at the step Please	easurements ters are required.		Additional Charge Options Custom Leg AF1
	i-(Instep)			d under fold)	☐ 2 Blend Foam (Low ILD) Channeling: ☐ towards inguinal region (default) ☐ circumventing inguinal region
	b-(Base of Little Toe)	A-b (Heel to	PW-Pannus Wi Base lateral to I widest poi	lateral across	

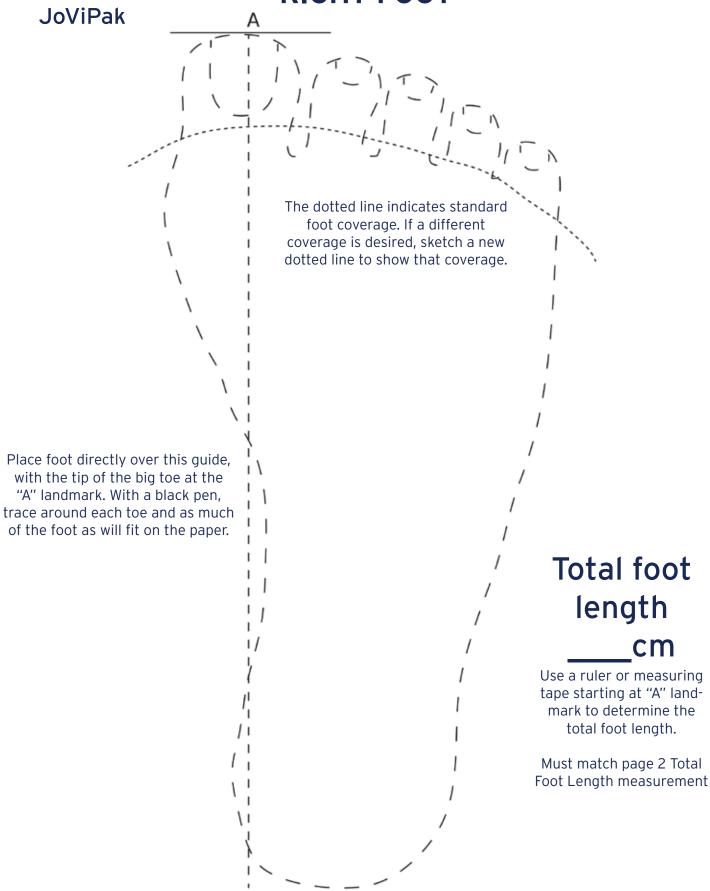
• Pictures are needed if the patient has lobules, is over-sized or has some other issue.

Please send pictures (no patient faces) to info.jovipak@essity.com.
• If ordering additional leg garments, please include foot tracings.



Patient Name or Reference #:

CUSTOM FOOT TRACING RIGHT FOOT





CUSTOM FOOT TRACING LEFT FOOT

