

Patient Name: _____

PAYMENT INFORMATION

Account # <small>(Required)</small>	<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 Same as Billing Address

Business Name	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

ORDER SPECIFICATIONS

Quote Order

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

\$10.00 to business addresses \$13.25 to residential addresses



Boxer F'L



Boxer Capri DK

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	

JoViJacket (Boxer - SUPER Powernet)		
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Buff

(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

Comments:

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

All sales are subject to JoViPak's Return, Guarantee and Warranty policies

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

(*Height and weight are required.)

Circumference

Please record all measurements in centimeters. All measurements are required.

Leg Lengths

		L (Lowest Rib)	L	A to L	
		K (Natural Waist)	K	A to K	
		K ¹ to G to K ²			
		J (Mid Hip)	J	A to J	
		H (Widest Hip)	H	A to H	
Left	Right	G (Groin)	G	A to G	
		F ² (Upper Thigh)	F ²	A to F ²	
		F ¹ (Mid Thigh)	F ¹	A to F ¹	
		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	
		B ¹ (Base of Calf)	B ¹	A to B ¹	
		B (Least Ankle)	B	A to B	
		H/A (Heel/Ankle)	H/A		
		a-(Tip of Toe)	a		
		i-(Instep)	i		
		b-(Base of Little Toe)	b		
				A-i (Heel to Instep)	
				A-b (Heel to Base of Toe)	
				A-a Total Foot Length	

K1 to G to K2 is measured from center front waist through the crotch up to center back waist.

Additional Charge Options

Custom Leg AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom Leg AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Donning Loops options	<input type="checkbox"/> Boxer	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Dorsum Pad (sewn in)		
Malleolus Pad (sewn in)		
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral		
<input type="checkbox"/> Zipper - ankle to knee		
<input type="checkbox"/> Dycem® - donning aid		
<input type="checkbox"/> Arion Easy-Slide - donning aid		
Prepaid Reduction		
<input type="checkbox"/> Boxer <input type="checkbox"/> Boxer Capri		
<input type="checkbox"/> AF1 Leg(s) <input type="checkbox"/> AD Leg(s)		

No Charge Options

<input type="checkbox"/> Standard: end with top of toes uncovered, cover bottom of toes
<input type="checkbox"/> Cover to tips of toes, top and bottom (with separate AD or AF1)
<input type="checkbox"/> End garment at base of toes, top and bottom
<input type="checkbox"/> 2 Blend Foam (Low ILD)
Channeling:
<input type="checkbox"/> towards inguinal region
<input type="checkbox"/> circumventing inguinal region (default)

• 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.

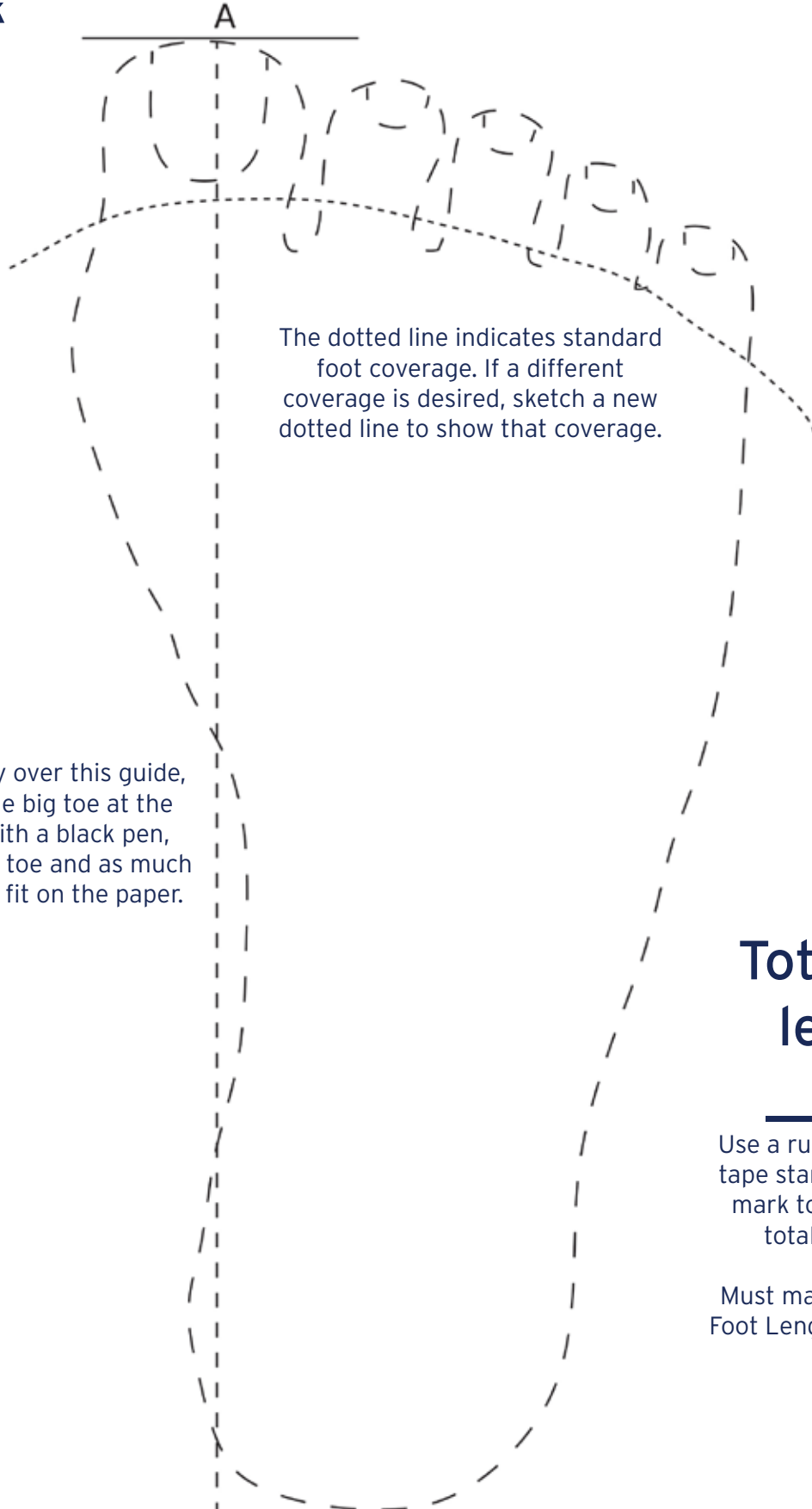
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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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 foot length
_____cm

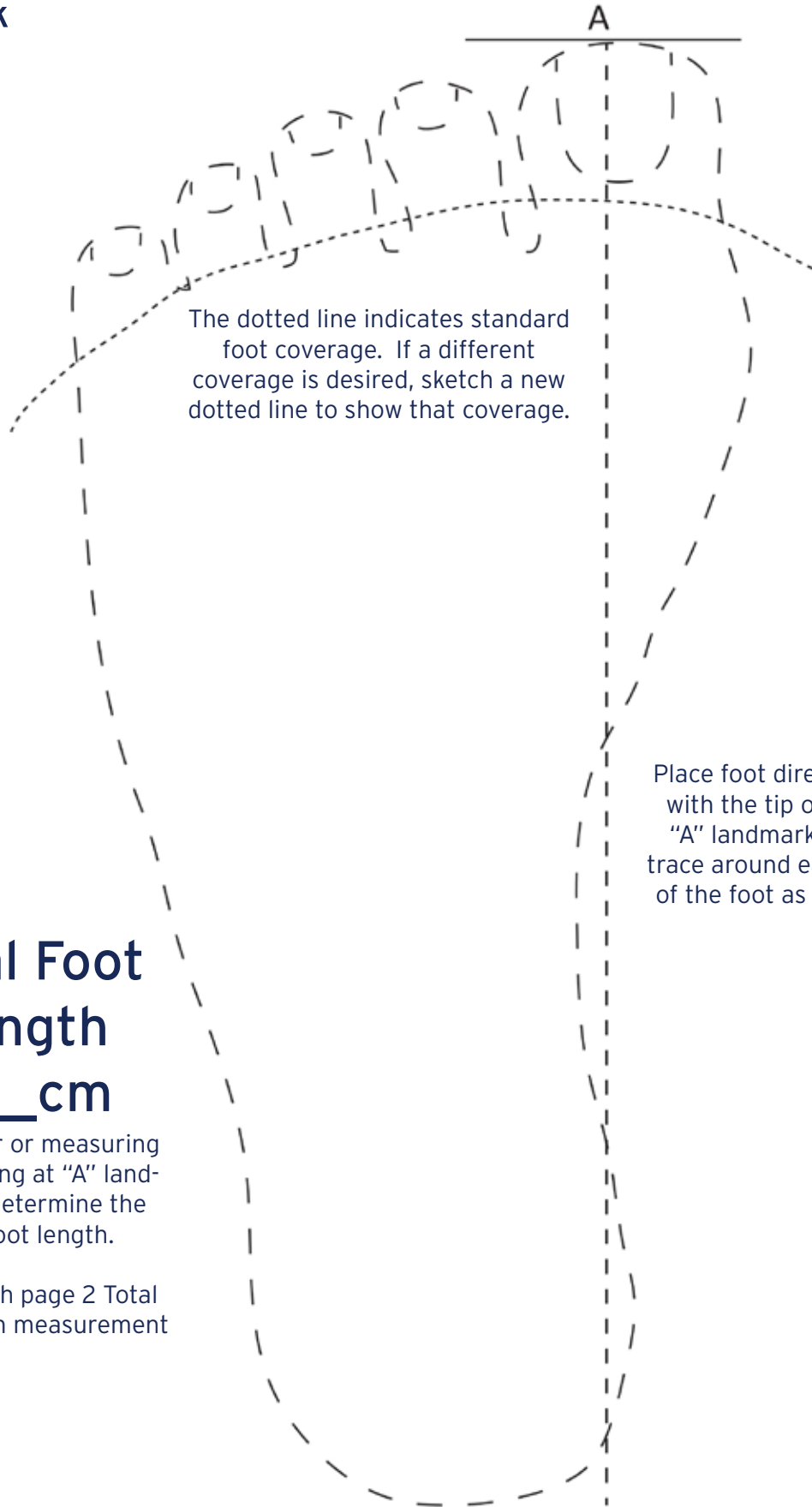
Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement



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 Foot Length
Length
_____cm

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

Must match page 2 Total Foot Length measurement