

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

SHIPPING ADDRESS

Same as Billing Address

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

ORDER SPECIFICATIONS

Quote Order

FREE STANDARD SHIPPING



*Two Piece Arm Sleeve with optional Bilateral Arms, Padded Torso, Arm Sling & Dorsum Zipper
(This option is an additional charge)*



*Optional Padded Torso & One Piece Arm Sleeve
(This option is an additional charge)*



*Unpadded torso with One Piece Arm Sleeve & recommended JoViJacket
(JoViJacket is an additional charge)*

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 - Nylon & Spandex Powernet

<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.)

Comments:

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

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



Shoulder-Torso Arm Sleeves

Custom

JoViPak

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Must select one: **Mastectomy** Left Right **Reconstruction** Left Right **Lumpectomy** Left Right

Directions: Follow the dotted lines for measurement guidelines. Please record all measurements in centimeters. All measurements are required.

BODY

SS (Neck Line @ Shoulder Seam) SS to H (REQUIRED)
(Length: Neck Line to Tip of Acromiom Process)

Circumferences

H to G to H (Arm Hole)

Lengths

G to N G (Torso @ Axilla)

N (Largest Chest)

G to L M (Xyphoid Process)

G to K L (Lowest Rib)

K (Natural Waist)

ARM

Circumferences

	Left	Right		Lengths
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G (Axilla)	C to G <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F ² (Upper Bicep)	C to F ² <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F ¹ (Mid Bicep)	C to F ¹ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F (Widest Bicep)	C to F <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E (Least Elbow)	C to E <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D ¹ (Widest Forearm)	C to D ¹ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D (Distal Forearm)	C to D <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C (Least Wrist)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B (Palm @ Web Space) <small>(Do not include thumb)</small>	C to B <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A (Tip of Longest Finger) <small>(Required)</small>	C to A <input type="checkbox"/>

Garments can be produced with standard channeling or Slimline channeling (more channels & less foam than standard channeling) and as a Two Piece garment (separate hand).


No charge option is available for the one piece garment. JoviJacket would also be one piece (with an additional charge).

Measurements are required for an accurate fitting garment.

No Charge Options

- 1 piece Arm Sleeve, glove attached (JoViJacket will also be One Piece) 2 Blend Foam (Low ILD)

Additional Charge Options

Torso Padding (must select one): <input type="checkbox"/> Horizontal Channels <input type="checkbox"/> Vertical Channels <input type="checkbox"/> No padding (no charge)		Padded Insert (equalizes pressure over mastectomy site) Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff  Size: <input type="checkbox"/> Small (A/B) <input type="checkbox"/> Large (D) <input type="checkbox"/> Medium (C) <input type="checkbox"/> XLarge (DD/E)
<input type="checkbox"/> Stitched Finger Glove Pad (sewn in) <input type="checkbox"/> Dorsum <input type="checkbox"/> Palm		
Zipper <input type="checkbox"/> Dorsum to mid-forearm <input type="checkbox"/> Wrist to elbow		<input type="checkbox"/> Arion Easy Slide <small>(for garment without Stitched Finger Glove)</small>
Arm Sling <input type="checkbox"/> Garment <input type="checkbox"/> JoViJacket		<input type="checkbox"/> Dycem® <input type="checkbox"/> Prepaid Reduction

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

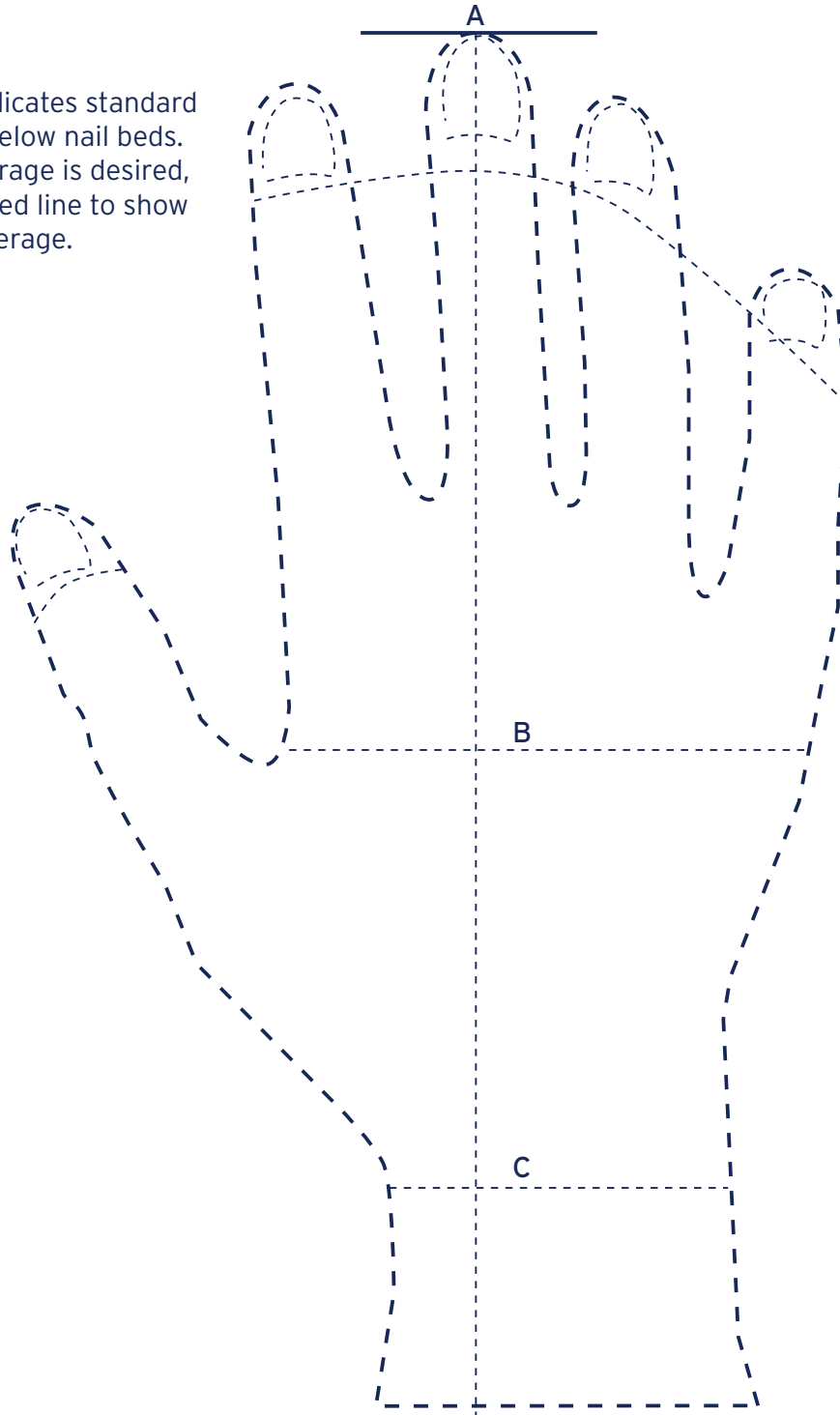


JoViPak

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. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



Total hand length (AC)
_____cm

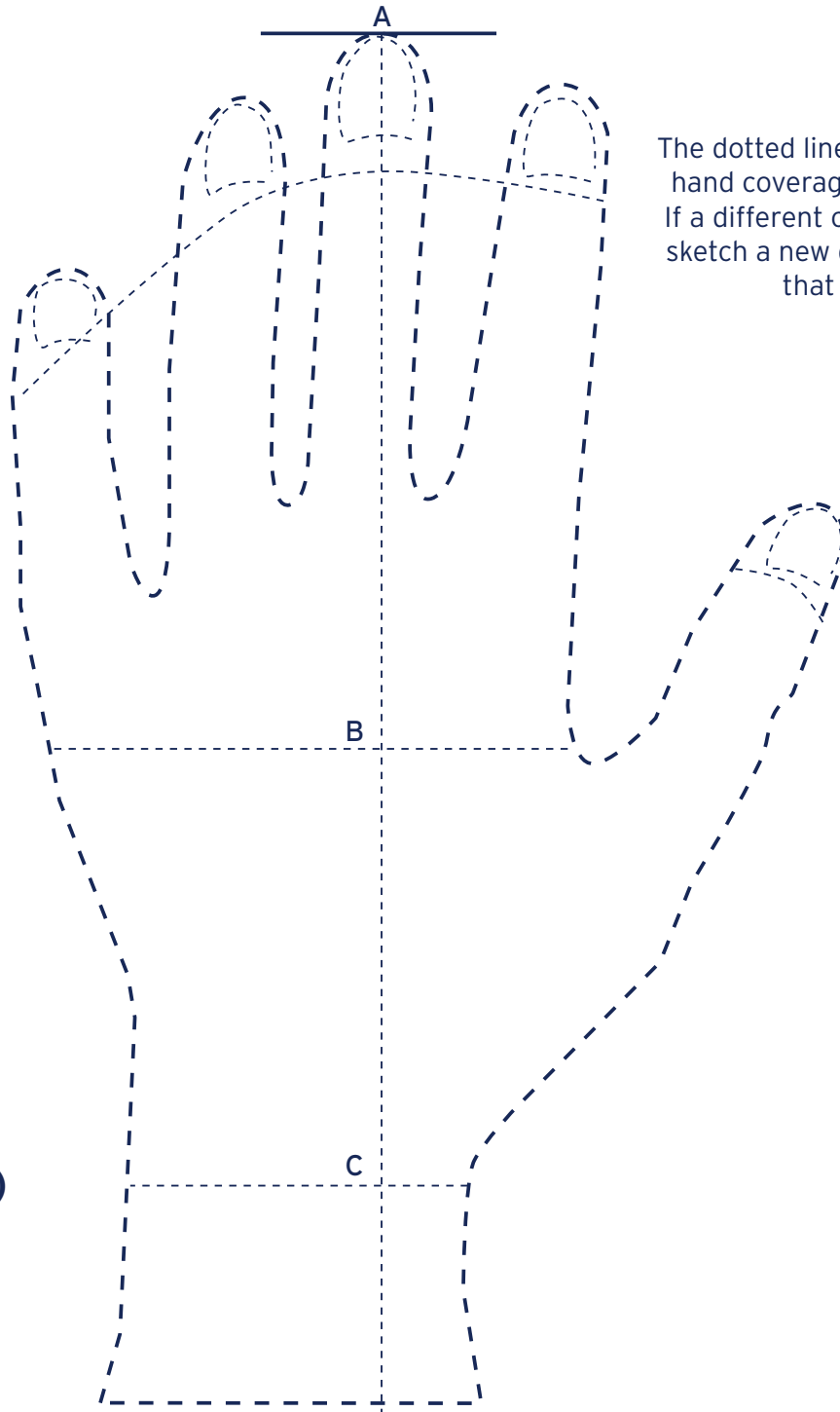
Patient Name or Reference #: _____



JoViPak

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.



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

Total hand length (AC)
_____cm