JOBST® JoViPak

Legs Custom

Patient Name:_____

PAYMENT INFORMATION

Account # (Required)	☐ Bill to Account	Date
☐ Charge Credit Card	☐☐ Card Exp. Date	PO #
Card #		Fax Confirmation #
Name on Card		Email Confirmation

BILLING ADDRESS

Business Name

Attention

Address

City   State

Phone   Zip

SHIPPING ADDRESS   ☐ Same as Billing Address

Name

Attention

Address

City   State

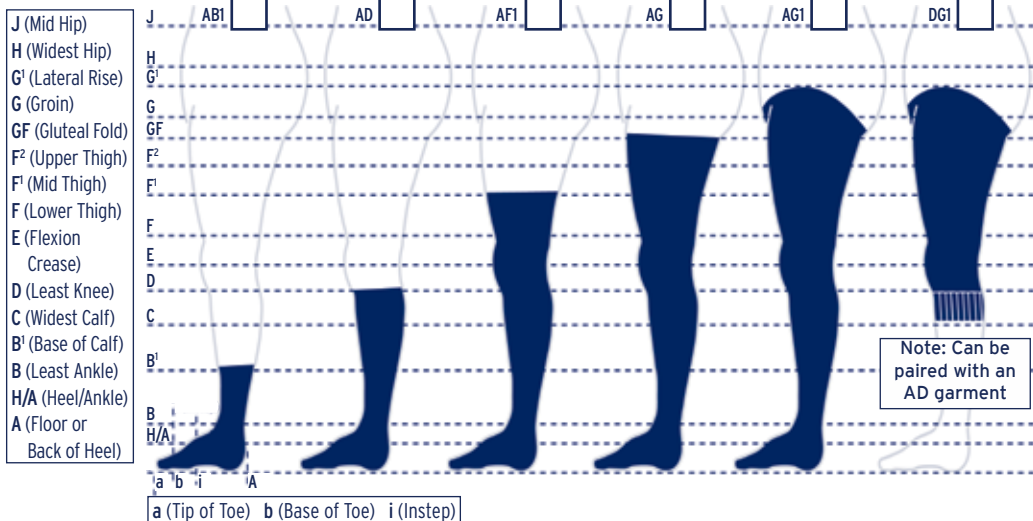Phone   Zip

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

J (Mid Hip)
H (Widest Hip)
G¹ (Lateral Rise)
G (Groin)
GF (Gluteal Fold)
F² (Upper Thigh)
F¹ (Mid Thigh)
F (Lower Thigh)
E (Flexion Crease)
D (Least Knee)
C (Widest Calf)
B¹ (Base of Calf)
B (Least Ankle)
H/A (Heel/Ankle)
A (Floor or Back of Heel)

Legs shown with labels: J / AB1, AD, AF1, AG, AG1, DG1

Note: Can be paired with an AD garment

a (Tip of Toe) **b** (Base of Toe) **i** (Instep)

Polartec® Power Dry® Colors

☐ Black   ☐ Buff
☐ Navy Blue   ☐ Pink
☐ Plum   ☐ Royal Blue
☐ Stainless Steel

Organic Cotton Colors

☐ Black   ☐ Ivory
☐ Royal Blue

SUPER Powernet Colors (InnaBoot only)

☐ Black   ☐ Buff

JoViJacket

☐ Black   ☐ White

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

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

JOBST® JoViPak

Legs Custom

Patient Name:_____ Previous Patient? ☐ Yes   Gender: ☐ F ☐ M

Height*:_____ Weight*:_____   Birthdate: _____
*Height and weight are required.

Please record all measurements in centimeters
All measurements are required.

Circumference

Left	Right		G1	Leg Lengths

G1 Lateral Rise Options:
☐ 7.6 cm   ☐ 12.7 cm (default)

Leg Lengths
Measure lengths medially, straight, not contoured

Left	Right	Measurement		Length
		G (Groin)	G	A to G
		F² (Upper Thigh)	F²	A to F²
		F¹ (Mid Thigh)	F¹	A to F¹
		F (Lower Thigh)	F	A to F
		E (Patella)	E	A to E
		D (Below Knee)	D	A to D
		C (Widest Calf)	C	A to C
		B¹ (Base of Calf)	B¹	A to B¹
		B (Smallest Ankle)	B	A to B
		Y* (Heel / Ankle)	Y	
		a (Tip of Toe)		
		i (Instep)	a b i	A
				A-i (Heel to Instep)
		b (Base of Little Toe)		A-b (Heel to Base of Toe)
				A-a (Total Foot Length)

*If Y is 10 cm more than B, zipper is required.

Styles
☐ Standard Leg Garment (AD to AG1)
☐ AD - Quilted with zipper
☐ InnaBoot ☐ AD ☐ AG
(Organic Cotton with SUPER Powernet JoViJacket)

Additional Charge Options
☐ Dorsum Pad (sewn in)
Malleolus Pad (sewn in) ☐ Medial ☐ Lateral
☐ Zipper - ankle to knee
☐ Zipper - knee to groin
☐ Donning Loops
☐ Pull Tabs (InnaBoots only)
☐ Dycem® - donning aid
☐ Arion Easy-Slide - donning aid
☐ Prepaid Reduction

No Charge Options
☐ Standard: end with top of toes uncovered, cover bottom of toe
☐ Cover to tips of toes, top and bottom
☐ End garment at base of toes, top and bottom
☐ 2 Blend Foam (Low ILD)
Channeling:
☐ towards inguinal region
☐ 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.   Dycem® is a registered trademark of Dycem Ltd.

Arion Easy-Slide On L
• The user-friendly donning aid for open toe compression stockings and tights
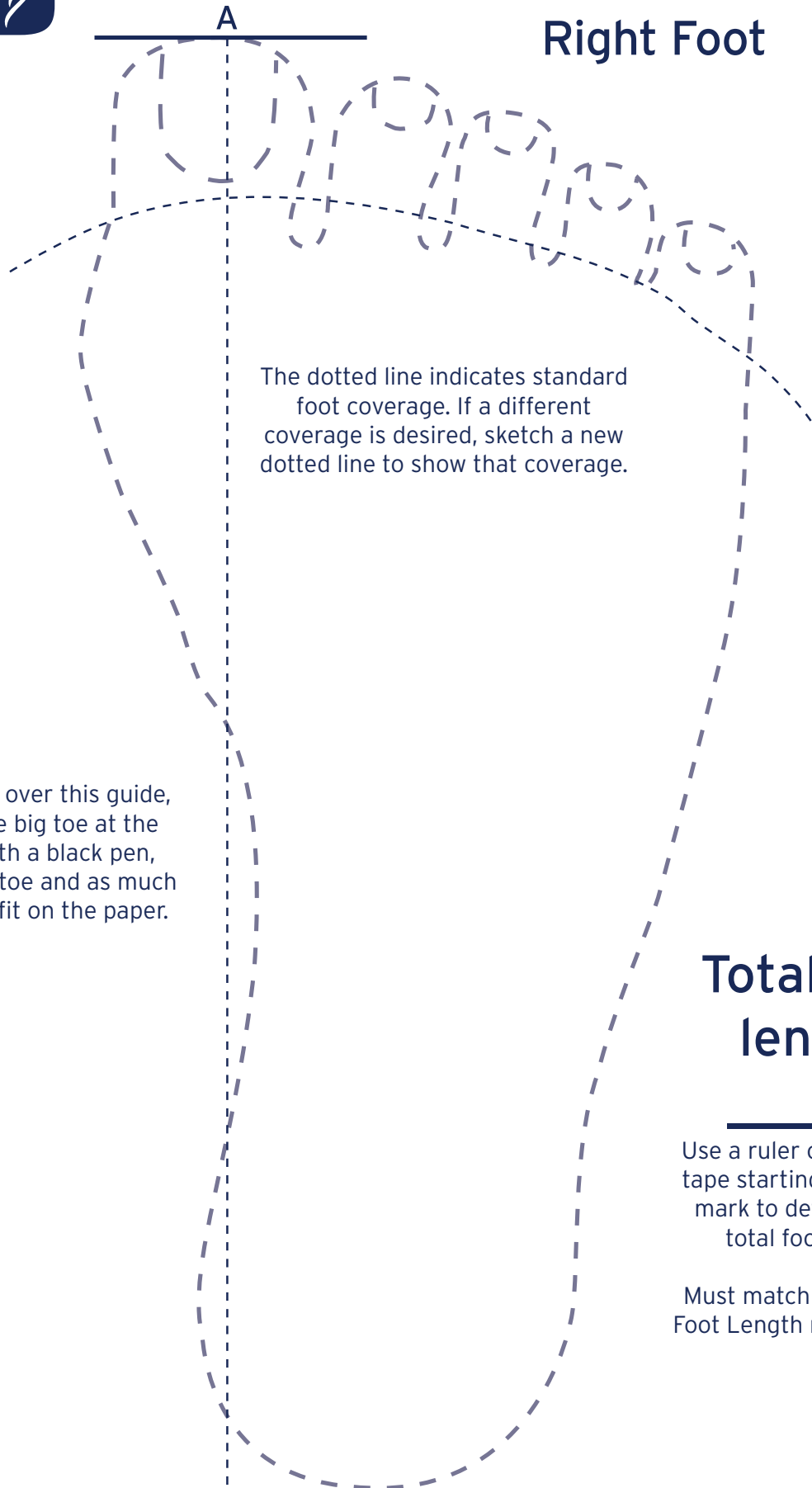• The lightweight, smooth material provides ease of donning/application

Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5-5.5	7965804	1	
Medium	6-8	7965802	1	
Large	8.5-11	7965902	1	
X-Large	≥ 11.5	7966001	1	

Comments:

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

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

A

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.
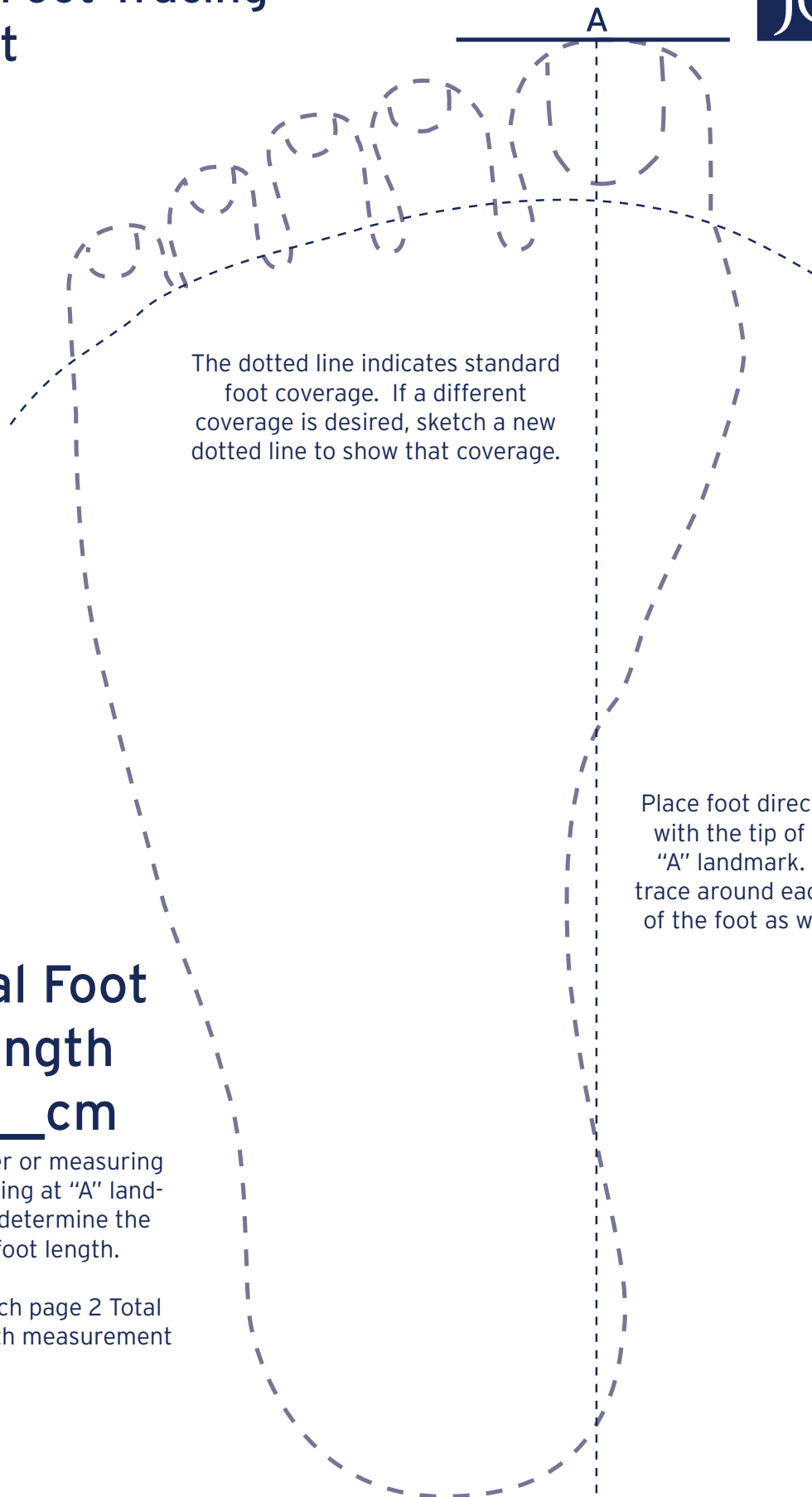
Total foot length
_____cm

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

Must match page 2 Total Foot Length measurement

Patient Name or Reference # _____

Custom Foot Tracing
Left Foot

JOBST
JoViPak

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