

Vests Custom

TO ORDER:

Email: info.jovipak@essity.com Tel: 1-866-888-5684

Fax: 1-877-760-4943 https://eshop.jobst-usa.com

Patient Name:						
PAYMENT INFORMATION						
Account # (Required)	Bill to Account	Date				
Charge Credit Card	Card Exp. Date	PO #				
Card #		Fax Confirmation #	enfirmation #			
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					
RUSH OPTION Addition	nal 25% charge for 3 business day p	production period				
SHIPPING Shipping rates may	vary, depending on services request	ed and/or rates charged by carrier				
\$10.00 to business addresses	\$ \$13.25 to residential address	ses				
	(2)		on & Spandex Colors			
			lon & Spandex Powernet			
		(loVi lackets are required to be	White worn with your JoVi foam garment to			
		ensure maximum fit and effective				
Vest with with optional Full Padding (shown with vertical & horizontal padding options for illustration)	Vest with JoViJacket					
Comments:						
Fitter/Therapist Name:	Pho	one: Email	<u> </u>			
		turn, Guarantee and Warranty				









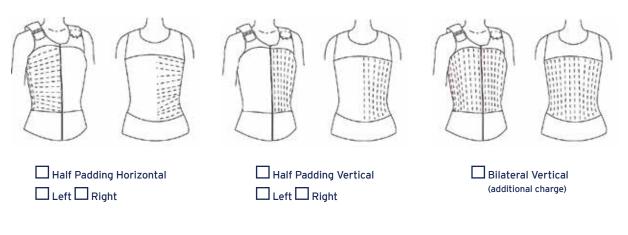




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Patient Name:					Previous Patier	it? 🗌 Yes	Gender: \square F \square M
*Height and weight are rec	quired.	Birt _eft □ Right R			Lumpectomy	, □Left □] Right
M (Xyp L (Low K (Natu	to H lole) so @ Axilla) gest Chest) choid Process) est Rib) ural Waist)	(for Crotch Strap through the crot	Lengths side of the (with a measure) The beginni Waist),	enter front waist,	Pace (equitor) Colors ize the waist of 0), a (R). (help patie means) (help patie means) (ded Insert alizes pressure ov pr: Black string Black stri	e (D) ge (DD/E) Int in place for bedomens (additional ed)) Juction Padding to natural mincluded ptions channels and less foam)
D1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the contract of the first of the contract	and although and Disc.			-4-!!!-	-14

Channeling Options



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

[•] 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.