

Patient Name:_____

JoViPak® Alterations

Must be completed and included with any products being sent to JOBST®

ALTERATIONS: If a Custom Made garment does not fit the patient at the initial fitting, new measurements must be provided for comparison & in order to honor the Guaranteed to Fit Policy. Garments being sent for alteration must meet the following conditions:				
• One no cost remake is available if return authorization is requested before the 45th day after garment delivery.				
• If garment is required to be returned avoid the \$25 laundering fee), and its etc. (pinch on both sides of the garm	ems must be clearly	marked as to locati	on of alter	ation, amount of alteration,
• For alterations, ship garments & completed form to JOBST® JoViPak®, Alterations, 19625 62nd Avenue South, Suite C-101, Kent, WA 98032-1107 Ready-to-Wear garments may also be altered; please contact Customer Service at 1-866-888-5684 to discuss options.				
ALTERATION DESIRED (add specific notes below)				
Alter as Marked Add Z	lipper	Add Gusset		Other:
			•	
RETURN ADDRESS				
Recipient's Name				
Street Address			City	
State	Zip		Country	
Phone	Email			
ADDITIONAL NOTES				





Requested by (Name): _____ Phone: _____ Email: _____



Questions? Call us at 1-866-888-5684 or email to info.jovipak@essity.com