

JoViLiners Ready-to-Wear

TO ORDER:

Email

ca.customerservice@essity.com

Tel: 1-877-978-5526 Fax: 1-877-978-9703

Patient Name:				Previous Patio	ent? 🗌 Yes	Gender: \square F \square M	
Height*: V *Height and weight are required.	Neight*: Birthdate:				All JoViPak RTW garments are pre-made for secondary lymphedema		
PAYMENT INFORMAT	ION						
Account #		Bill to Account	Date	Date			
Charge Credit Card	Credit Card Card Exp. Date			PO #			
Card #				Fax Confirmation #			
Name on Card				Email Confirmation			
BILLING ADDRESS				SHIPPING ADDRESS Same as Billing Address			
Business Name				Business Name			
Address				Address			
Attention	Attention	Attention					
City	Pro	vince	City	Province			
Phone	Pos	tal Code	Phone		Postal Code		
ORDER SPECIFICATION	NS						
Quote Only	Quot	te & Proceed					
		JoViLiners are m	ade of Organic	Cotton (Ivory)			
		rm circumfere		Arm Length Quantity			
	Size	Widest Bicep		Wrist to Axilla (C	Wrist to Axilla (C to G) (measured with arm at side)		
E.	One size	30.5-	38 cm	≤ 43 cm			
	Leg circumference			Leg Lengt	th	Quantity	
	Size	Widest Calf Circumference	Widest Thigh Circumference	Floor to Groin (A	Floor to Groin (A to G) (measured medially)		
	One size	38-46 cm	58-74 cm	≤ 74 cm	-		
Comments:							
Fitter/Therapist Name:			Phone:	Email:	·		
				antee and Warranty p			



