



# Shoulder-Torso Arm Sleeves Custom

## TO ORDER:

Email: [ca.customerservice@essity.com](mailto:ca.customerservice@essity.com)  
 Tel: 1-877-978-5526  
 Fax: 1-877-978-9703  
[eshop.jobst-ca.com](http://eshop.jobst-ca.com)

Patient Name: \_\_\_\_\_

### PAYMENT INFORMATION

Account # (Required)	<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

Business Name	Attention	Address	City	Province	Phone	Postal Code
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### SHIPPING ADDRESS

Same as Billing Address

Name	Attention	Address	City	Province	Phone	Postal Code
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### 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



*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® Colours

<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



JOBST®, an Essity brand

[jobstcanada.com](http://jobstcanada.com)

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# 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

**Torso Lengths**

H to G to H (Arm Hole)

G (Torso @ Axilla)

G to N

N (Largest Chest)

M (Xyphoid Process)

G to L

L (Lowest Rib) (Recommended Length)

G to K

K (Natural Waist)

### ARM

**Circumferences**

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

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):

Horizontal Channels  Vertical Channels  No padding (no charge)

Stitched Finger Glove

Pad (sewn in)  Dorsum  Palm

Zipper  Dorsum to mid-forearm  Wrist to elbow

Arm Sling  Garment  JoViJacket

Dycem®

Padded Insert (equalizes pressure over mastectomy site)

Color:  Black  Buff

Size:  Small (A/B)  Large (D)

Medium (C)  XLarge (DD/E)



Prepaid Reduction

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

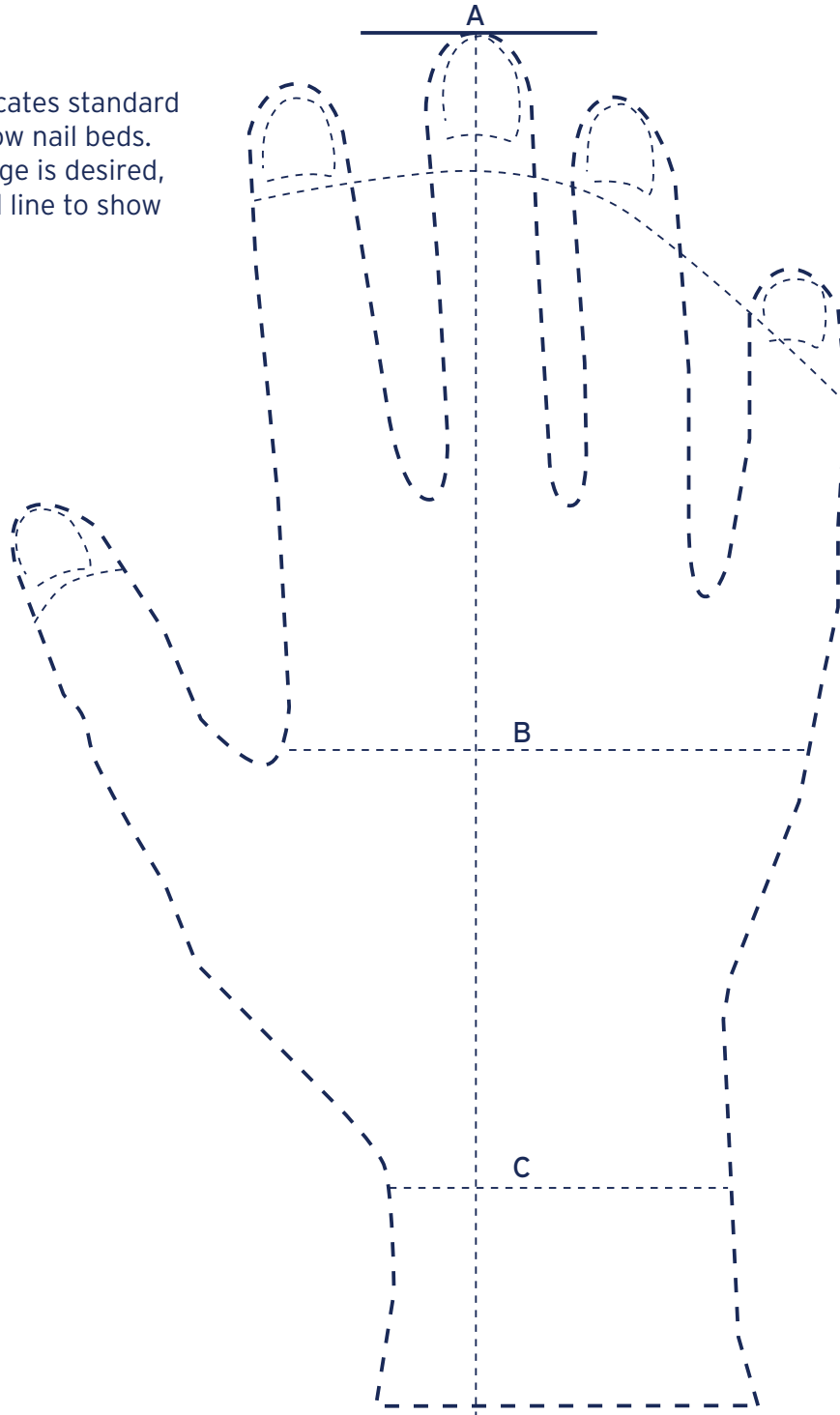


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# CUSTOM HAND TRACING RIGHT HAND

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.



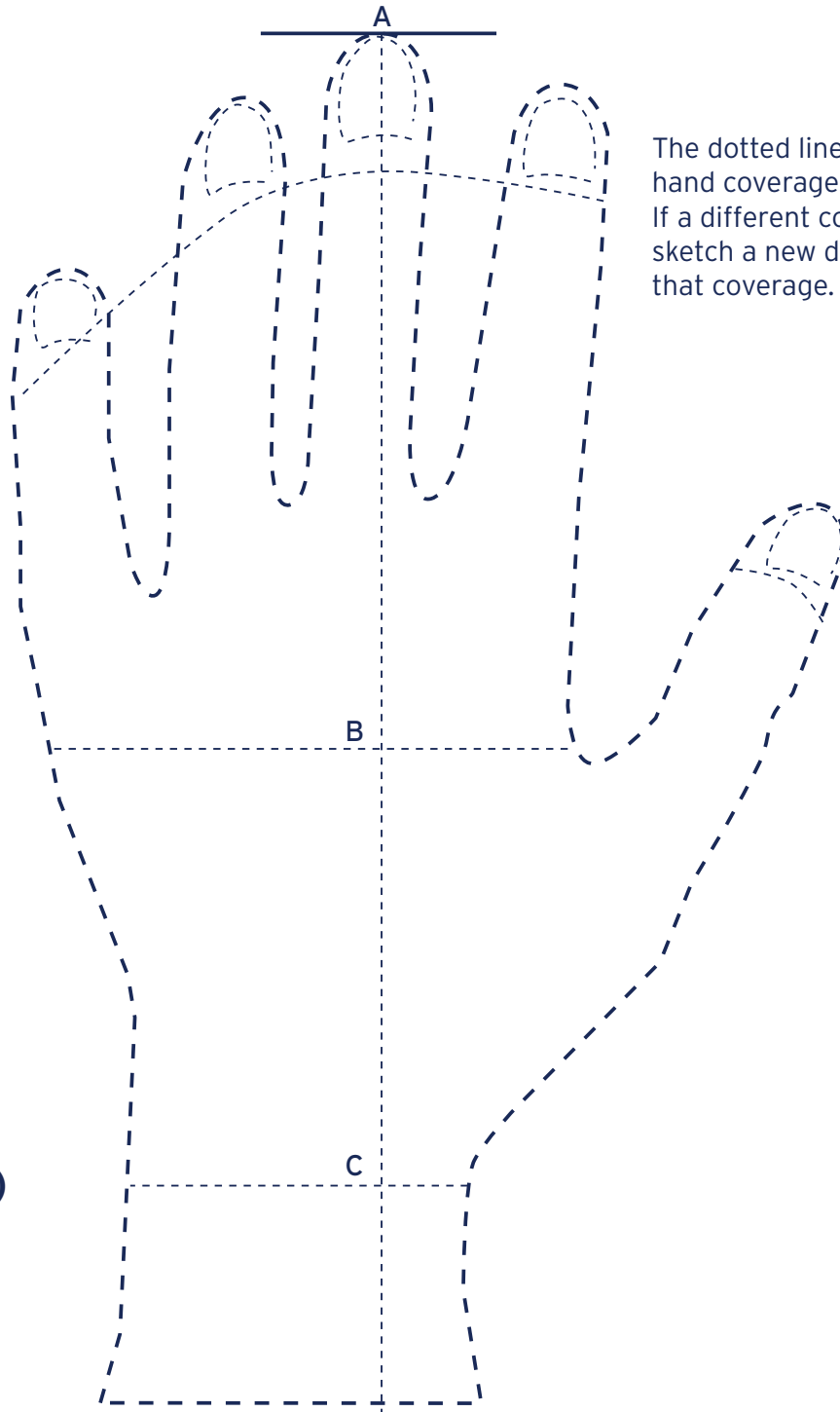
Total hand length (AC)  
\_\_\_\_\_cm



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