

Busti Custom

TO ORDER:

Email:

ca.customerservice@essity.com

Tel: 1-877-978-5526 Fax: 1-877-978-9703 eshop.jobst-ca.com

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		SHIPPING ADD	RESS	Same as Billing Address		
Business Name		Name				
Attention		Attention				
Address		Address				
City	Province	City		Province		
Phone	Postal Code	Phone		Postal Code		
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						
		Polartec®	Power Dry® Colours			
			□Black	Buff		
	The second		Navy Blue	Pink		
		50.30	Plum	Royal Blue		
是是是是是			Stainless Steel	ı		
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		JoViJacket - N	lylon & Spandex Powernet		
	A STATE OF S		Black	White		
			(JoViJackets are requir	red to be worn with your JoVi foam kimum fit and effectiveness.)		
Custom Busti	Custom Busti (p	osterior)	garment to ensure max	amum ne una enectiveness.)		
Comments:						
Fitter/Therapist Name:	Pho	one:	Email:			





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



Patient Name:_____

BustiCustom

Previous Patient? Yes No

Height*: *Height and weight are require	Weight*:	Birthdate:	Cup Size:
*Height and weight are require Lumpectomy Left		Right	
E	Bustis are produced with Slimline chan	neling (more channels and less f	oam than standard channeling).
		ord all measurements in centime measurements are required.	ters
		/ \	
Circum	ferences		Lengths
	R (Torso @ Axilla) N (Largest Chest)	R	L to N
	M (Xyphoid Process) L (Lowest Rib)	М —	L to M
The Busti	is most appropriate for lumpectomy po		ould be better served with a Custom Vest.
	2 Blend Foam (Low ILD)	Prepaid Redu	action
Comments:			
Fitter/Therapist N	ame:	Phone:	Email:

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