



Shoulder-Torso Arm Sleeves 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)	<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	State
Phone	Zip

SHIPPING ADDRESS

<input type="checkbox"/> Same as Billing Address	
Name	
Attention	
Address	
City	State
Phone	Zip

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® Colors	
<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

(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



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA



jobst-usa.com

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Shoulder-Torso Arm Sleeves Custom

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

SS (Neck Line @ Shoulder Seam) SS to H (REQUIRED)
(Length: Neck Line to Tip of Acromion Process)

Circumferences

H to G to H (Arm Hole)

Lengths

G to N G (Torso @ Axilla) N (Largest Chest) M (Xyphoid Process) L (Lowest Rib) K (Natural Waist)

ARM

Circumferences

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

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)



Arion Easy Slide
(for garment without Stitched Finger Glove)

Prepaid Reduction

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

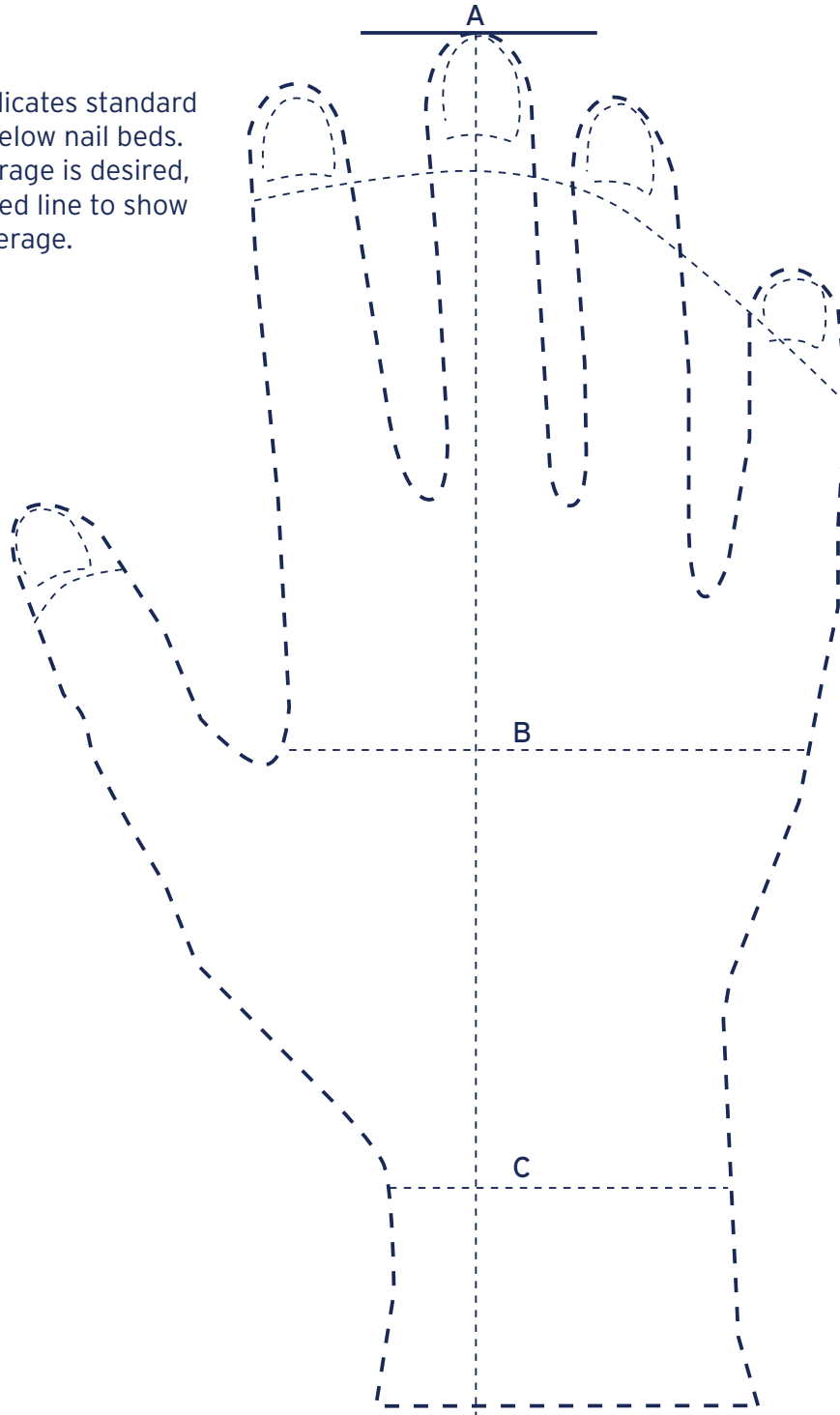


JoViPak

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

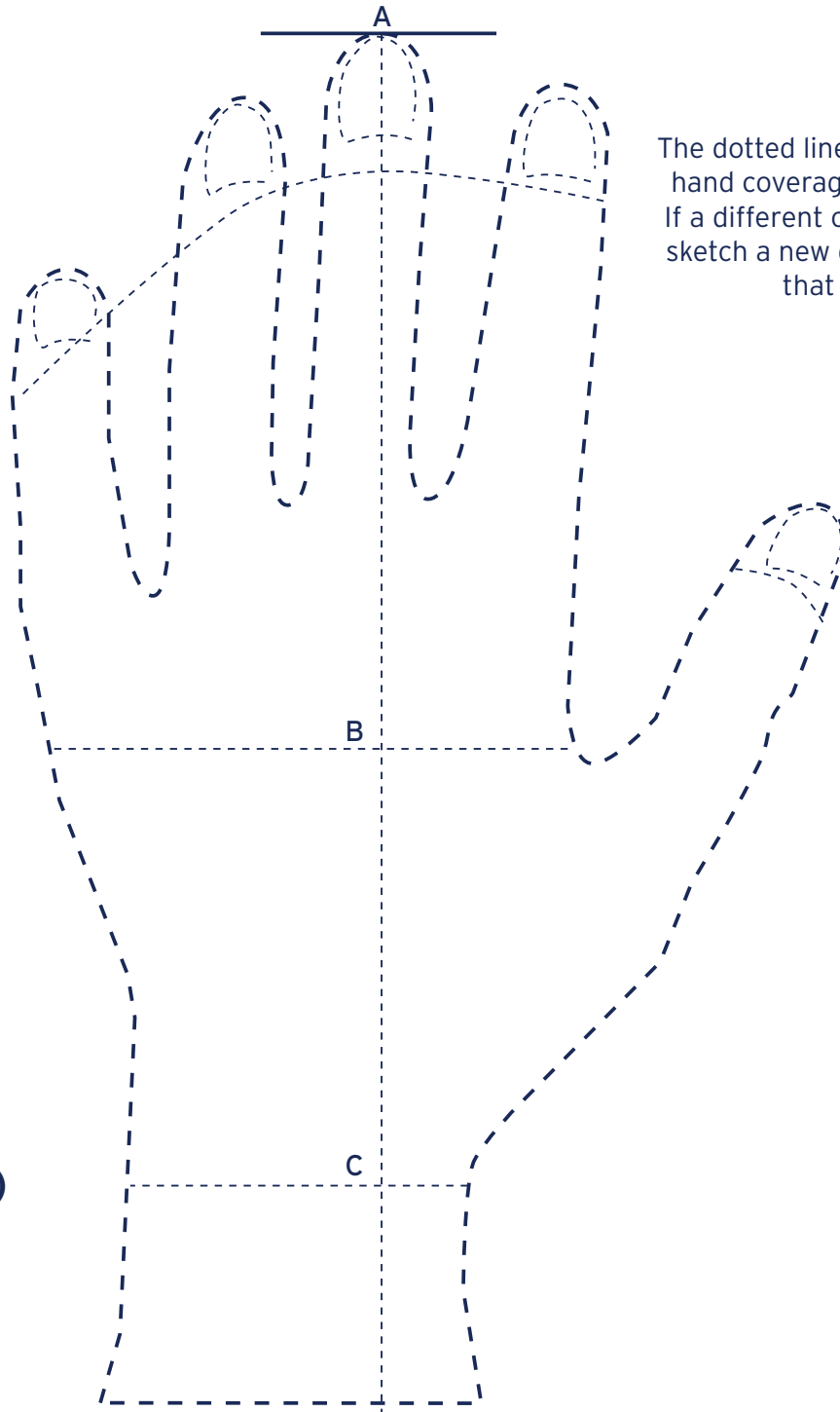
Patient Name or Reference #: _____



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