

JoViLiners Ready-to-Wear

TO ORDER:

Email:

jovi.orders@essity.com Tel: 1-800-537-1063 Fax: 1-800-835-4325

Patient Name:				Previous Patient?	Yes Gender: F M	
Height*:*Height and weight are required.	Weight*: Birthdate:		e:		All JoViPak RTW garments are pre-made for secondary lymphedema	
PAYMENT INFORMAT	TION					
Account # Bill to Account			Date	Date		
Charge Credit Card	Charge 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	State			City State		
Phone	Zip			Zip		
ORDER SPECIFICATI	ONS					
Quote Only	Quo	ote & Proceed				
		JoViLiners are ma	ade of Organic	Cotton (Ivory).		
	Arm circumference			Arm Length	Quantity	
	Size	Widest Bicep Circumference		Wrist to Axilla (C to G) (measured with arm at sid	e)	
Ecol	One size	30.5-38 cm		≤ 43 cm		
		Leg circumferen	nce	Leg Length	Quantity	
	Size	Widest Calf Circumference	Widest Thigh Circumference	Floor to Groin (A to G) (measured medially)		
\/	One size	38-46 cm	58-74 cm	≤ 74 cm		

_____ Phone: _____ Email: ___ Fitter/Therapist Name: ___ All sales are subject to JoViPak's Return, Guarantee and Warranty policies



Comments:



