



Boxers with Pannus Custom

TO ORDER:
Email: info.jovipak@essity.com
Tel: 1-800-537-1063
Fax: 1-800-835-4325

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

☐ Same as Billing Address

Name
Attention
Address
City State
Phone Zip

ORDER SPECIFICATIONS

☐ Quote ☐ Order

FREE STANDARD SHIPPING



☐ Boxer



☐ Boxer Capri

Polartec® Power Dry® Colors

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Buff	
<input type="checkbox"/> Pink		<input type="checkbox"/> Plum	
<input type="checkbox"/> Royal Blue			

JoViJacket (Boxer - SUPER Powernet)

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Buff	

(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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Tel. 1-800-537-1063 Fax 1-800-835-4325

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Boxers with Pannus Custom

Patient Name: _____

Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Please record all measurements in centimeters
All measurements are required.

Circumference

☐ L (Lowest Rib) ☐ L ☐ A to L ☐

☐ K (Natural Waist) ☐ K ☐ K² (Back) ☐ A to K ☐

☐ J (Mid Hip) ☐ J ☐ A to J ☐

☐ H (Widest Hip) ☐ H ☐ A to H ☐

☐ G (Groin) ☐ G ☐ A to G ☐

☐ F² (Upper Thigh) ☐ F² ☐ A to F² ☐

☐ F¹ (Mid Thigh) ☐ F¹ ☐ A to F¹ ☐

☐ F (Lower Thigh) ☐ F ☐ A to F ☐

☐ E (Flexion Crease) ☐ E ☐ A to E ☐

☐ D (Least Knee) ☐ D ☐ A to D ☐

☐ C (Widest Calf) ☐ C ☐ A to C ☐

☐ B¹ (Base of Calf) ☐ B¹ ☐ A to B¹ ☐

☐ B (Least Ankle) ☐ B ☐ A to B ☐

☐ H/A (Heel/Ankle) ☐ H/A ☐

☐ i-(Instep) ☐ i- ☐

☐ b-(Base of Little Toe) ☐ b- ☐

☐ A-i (Heel to Instep) ☐

☐ A-b (Heel to Base of Toe) ☐

☐ A-a (Total Foot Length) ☐

Length

☐ PL ☐

☐ PW ☐

☐ PL-Pannus Length, L to G (around and under fold)

☐ PW-Pannus Width, contour lateral to lateral across widest point

Additional Charge Options

Custom Leg AF1 ☐ Left ☐ Right

Custom JoViJacket AF1 ☐ Left ☐ Right

Custom Leg AD ☐ Left ☐ Right

Custom JoViJacket AD ☐ Left ☐ Right

Donning Loop options

☐ Boxer ☐ AD ☐ AF1

☐ Dorsum Pad (sewn in)

Malleolus Pad (sewn in)

☐ Medial ☐ Lateral

Zipper -

☐ ankle to knee
☐ knee to groin
☐ 2 side zippers
☐ 1 zipper center-front, (standard)

☐ Dycem® - donning aid

☐ Arion Easy-Slide - donning aid

Prepaid Reduction

☐ Boxer ☐ Boxer Capri
☐ AF1 Leg(s) ☐ AD Leg(s)

No Charge Options

☐ Standard: end with top of toes uncovered, cover bottom of toes

☐ Cover to tips of toes, top and bottom (with separate AD or AF1)

☐ End garment at base of toes, top and bottom

☐ 2 Blend Foam (Low ILD)

Channeling:

☐ towards inguinal region
☐ circumventing inguinal region (default)

- Pictures are needed if the patient has lobules, is over-sized or has some other issue. Please send pictures (no patient faces) to info.jovipak@essity.com.
- If ordering additional leg garments, please include foot tracings.

Comments:

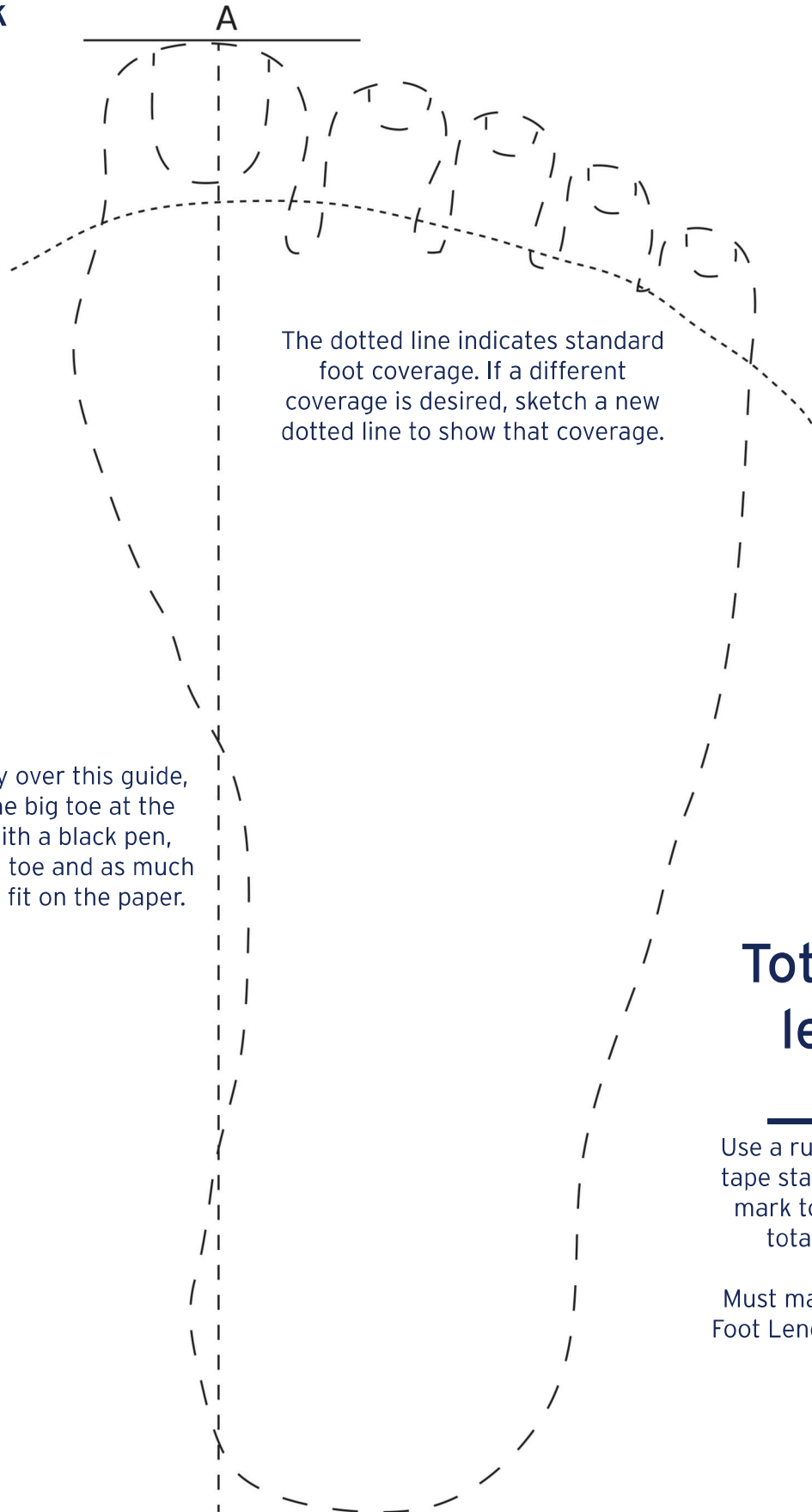
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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JoViPak

CUSTOM FOOT TRACING RIGHT FOOT



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**Total foot
length**
_____cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

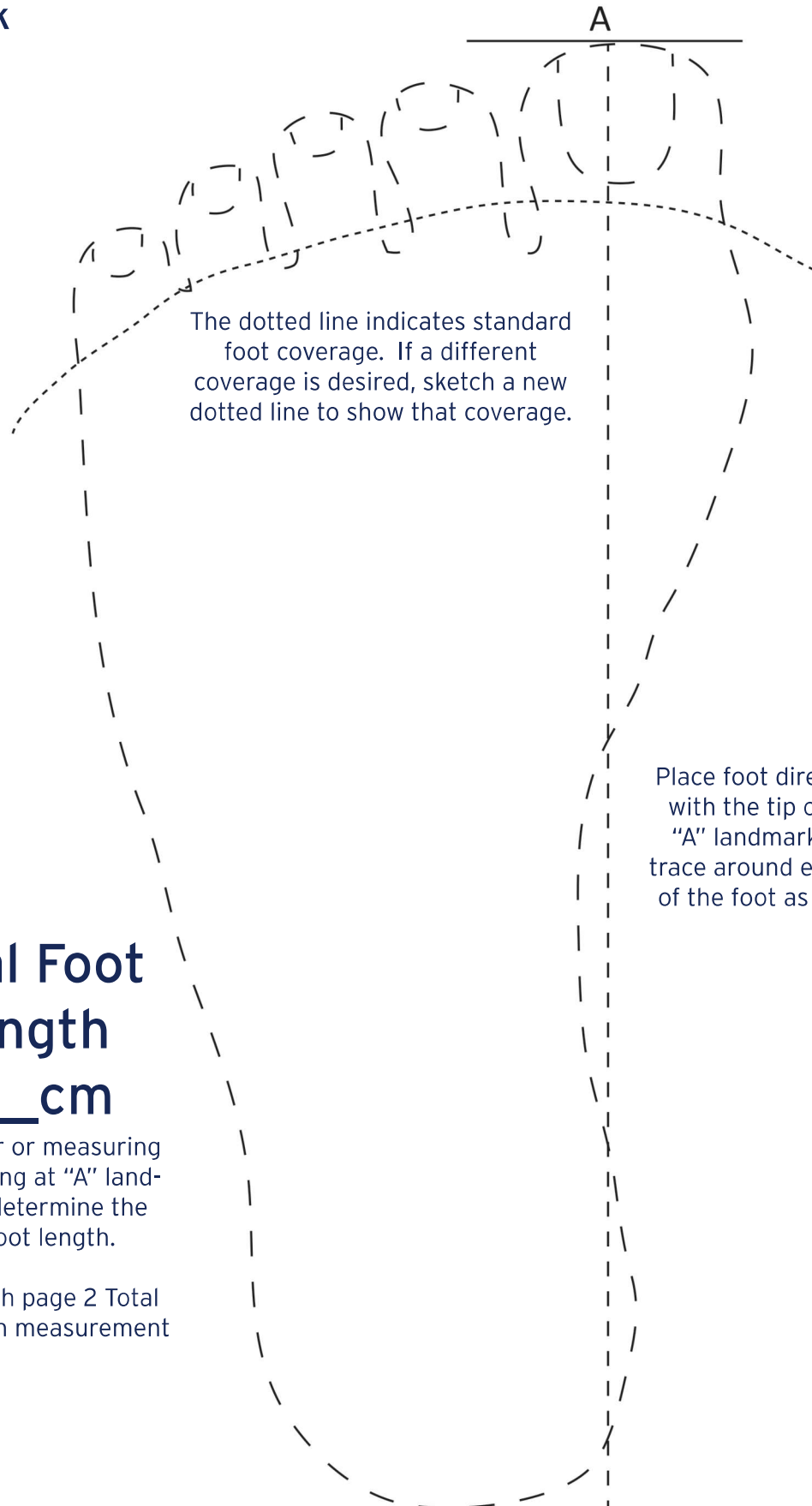
Must match page 2 Total Foot Length measurement

Patient Name or Reference #: _____



JoViPak

CUSTOM FOOT TRACING LEFT FOOT



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**Total Foot
Length**
_____cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement