



# Boxers with Pannus Custom

**TO ORDER:**  
Email: [info.jovipak@essity.com](mailto: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	SHIPPING ADDRESS	<input type="checkbox"/> Same as Billing Address	
Business Name	Name		
Attention	Attention		
Address	Address		
City	State	City	State
Phone	Zip	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



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an Essity brand

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BSN Medical Inc., an Essity company  
5825 Carnegie Blvd., Charlotte, NC 28209-4633  
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

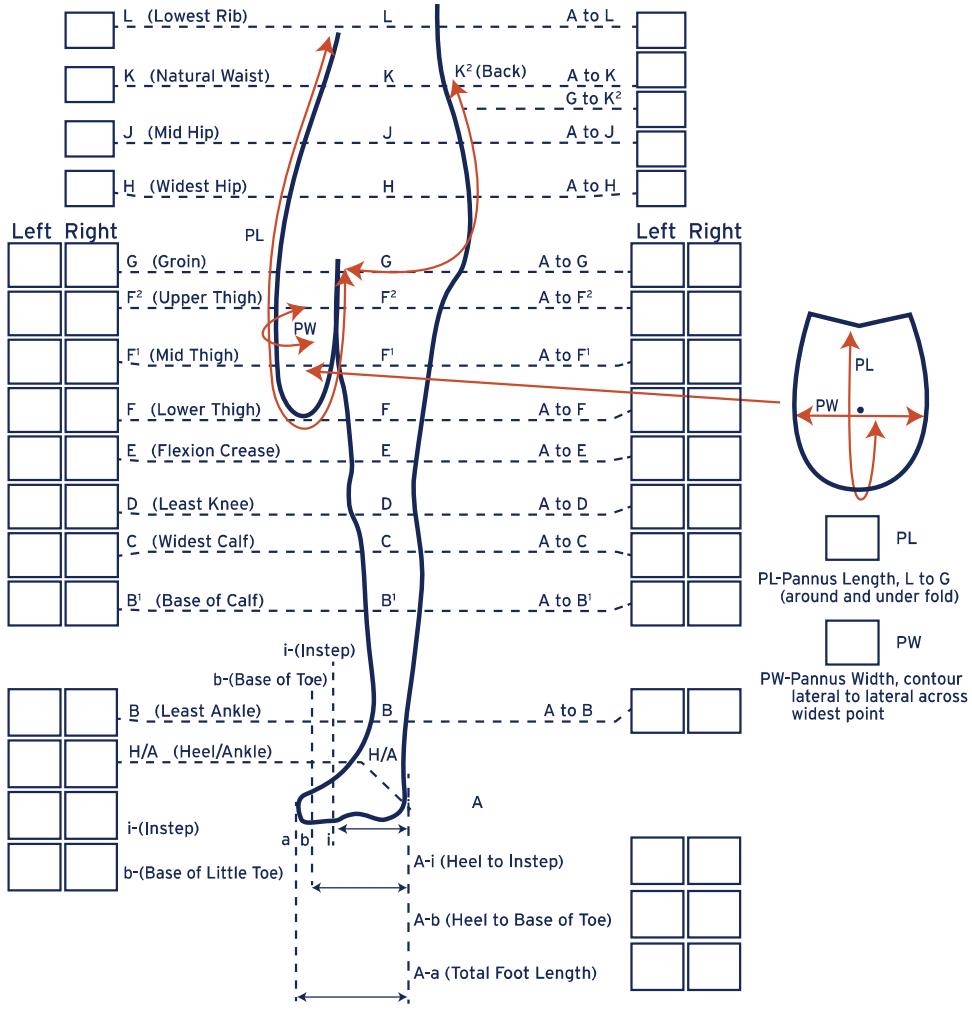
Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\*Height and weight are required.

Please record all measurements in centimeters  
All measurements are required.

# Circumference

## Length



- 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](mailto:info.jovipak@essity.com).
- If ordering additional leg garments, please include foot tracings.

## Additional Charge Options

Custom Leg AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom Leg AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
 Donning Loop options		
<input type="checkbox"/> Boxer	<input type="checkbox"/> AD	<input type="checkbox"/> AF1
 <input type="checkbox"/> Dorsum Pad (sewn in)		
 Malleolus Pad (sewn in)		
<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	
 Zipper -		
<input type="checkbox"/> ankle to knee		
<input type="checkbox"/> knee to groin		
<input type="checkbox"/> 2 side zippers		
<input type="checkbox"/> 1 zipper center-front, (standard)		
 <input type="checkbox"/> Dycem® - donning aid		
 <input type="checkbox"/> Arion Easy-Slide - donning aid		
 Prepaid Reduction		
<input type="checkbox"/> Boxer	<input type="checkbox"/> Boxer Capri	
<input type="checkbox"/> AF1 Leg(s)	<input type="checkbox"/> 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:**

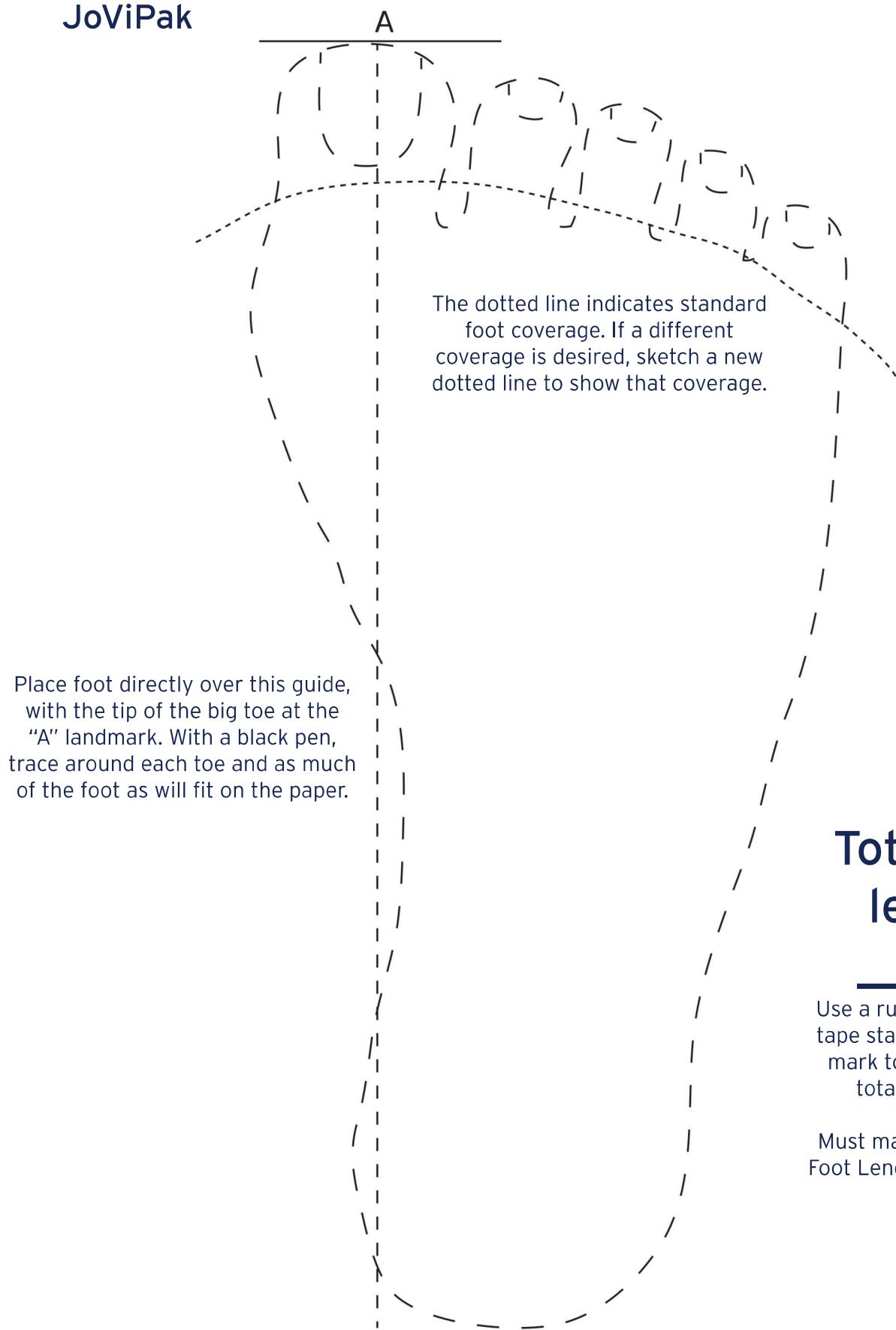
- towards inguinal region
- circumventing inguinal region (default)

**Comments:**

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

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## CUSTOM FOOT TRACING RIGHT FOOT



## CUSTOM FOOT TRACING LEFT FOOT

**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

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.