



JoViPak

Hip Huggers Custom

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

Patient Name: _____

PAYMENT INFORMATION

Account # <small>(Required)</small>	<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

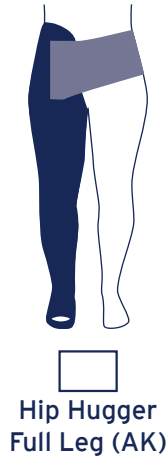
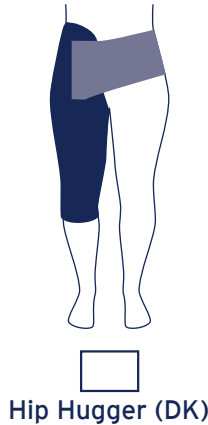
Same as Billing Address

Business Name	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

ORDER SPECIFICATIONS

Quote Order

FREE STANDARD SHIPPING



Organic Cotton Colors			
	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Ivory	

JoViJacket			
	QTY		QTY
<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: _____



JOBST[®],
an Essity brand



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA



jobst-usa.com

BSN Medical Inc., an Essity company
5825 Carnegie Blvd., Charlotte, NC 28209-4633
Tel. 1-800-537-1063 Fax 1-800-835-4325

63961 R5 ©2025 BSN Medical Inc. B25



JoViPak

Hip Huggers Custom

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Circumference

Please record all measurements in centimeters
All measurements are required.

Leg Lengths

Left **Right**

		K (Natural Waist)	K	A to K		
		K ¹ to G to K ²				
		J (Mid Hip)	J	A to J		
		H (Widest Hip)	H	A to H		
		G (Groin)	G	A to G		
		F ² (Upper Thigh)	F ²	A to F ²		
		F ¹ (Mid Thigh)	F ¹	A to F ¹		
		F (Lower Thigh)	F	A to F		
		E (Patella)	E	A to E		
		D (Below Knee)	D	A to D		
		C (Widest Calf)	C	A to C		
		B ¹ (Base of Calf)	B ¹	A to B ¹		
		B (Least Ankle)	B	A to B		
		H/A (Heel/Ankle)	H/A			
		a (Tip of Toe)	a			
		i (Instep)	i			
		b (Base of Little Toe)	b			
			A	A-i (Heel to Instep)		
				A-b (Heel to Base of Toe)		
				A-a Total Foot Length		

K1 to G to K2 is measured from center front waist through the crotch up to center back waist.

Can be paired with

Custom Lower Leg (AD)
 Left Right

Additional Charge Options

Donning Loops HH AD

Dorsum Pad (sewn in)

Malleolus Pad (sewn in)
 Medial Lateral

Zipper - ankle to knee

Dycem® - donning aid

Arion Easy-Slide - donning aid

Prepaid Reduction Option
 Hip Hugger Full Leg (AK)
 Hip Hugger (DK)
 AD Leg(s)

Dycem® is a registered trademark of Dycem Ltd.

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 Full Leg Hip Hugger)

End garment at base of toes, top and bottom

2 Blend Foam (Low ILD)

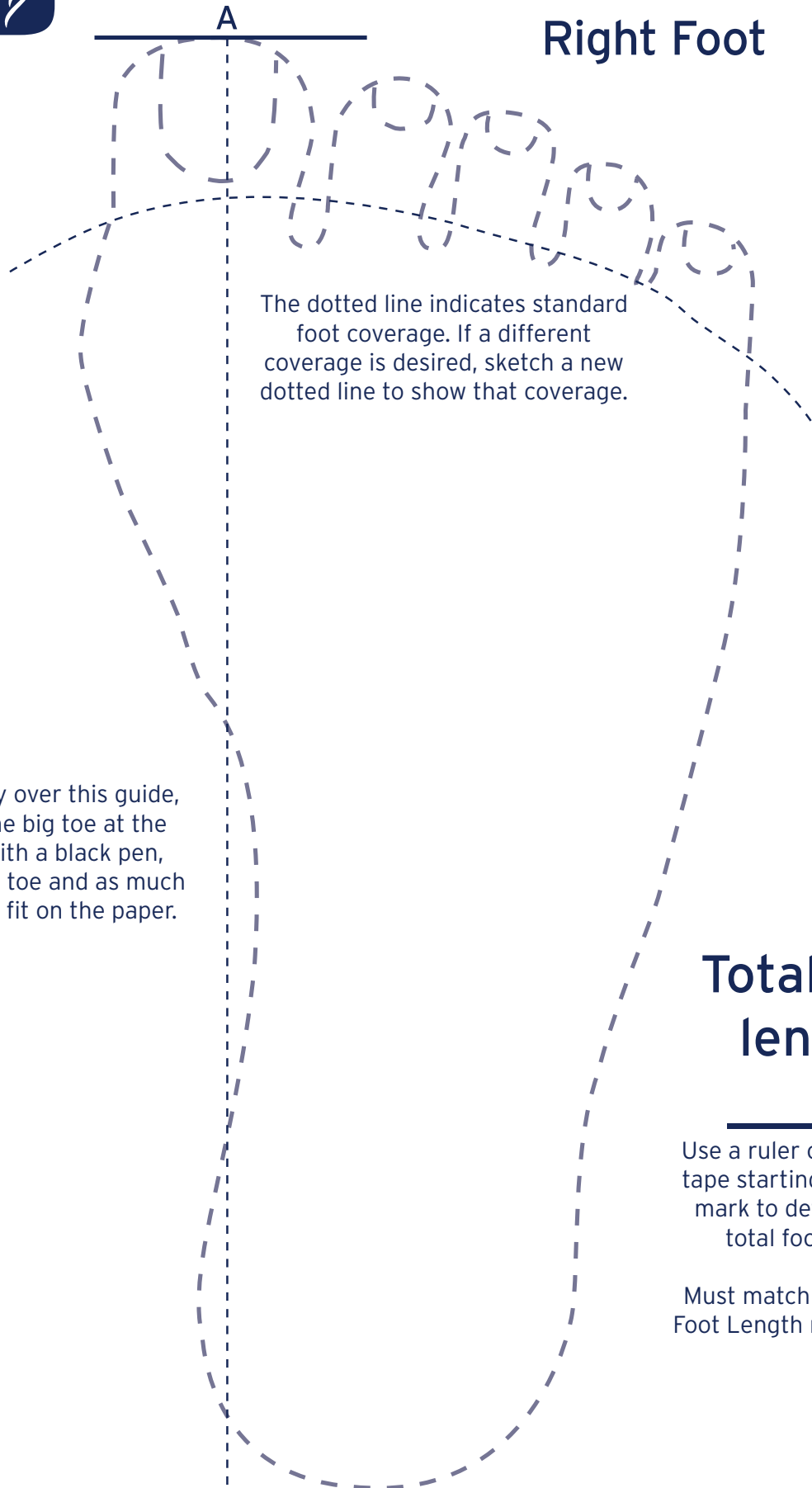
Channeling:
 towards inguinal region
 circumventing inguinal region (default)

Comments: _____

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

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

Custom Foot Tracing Right Foot



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.

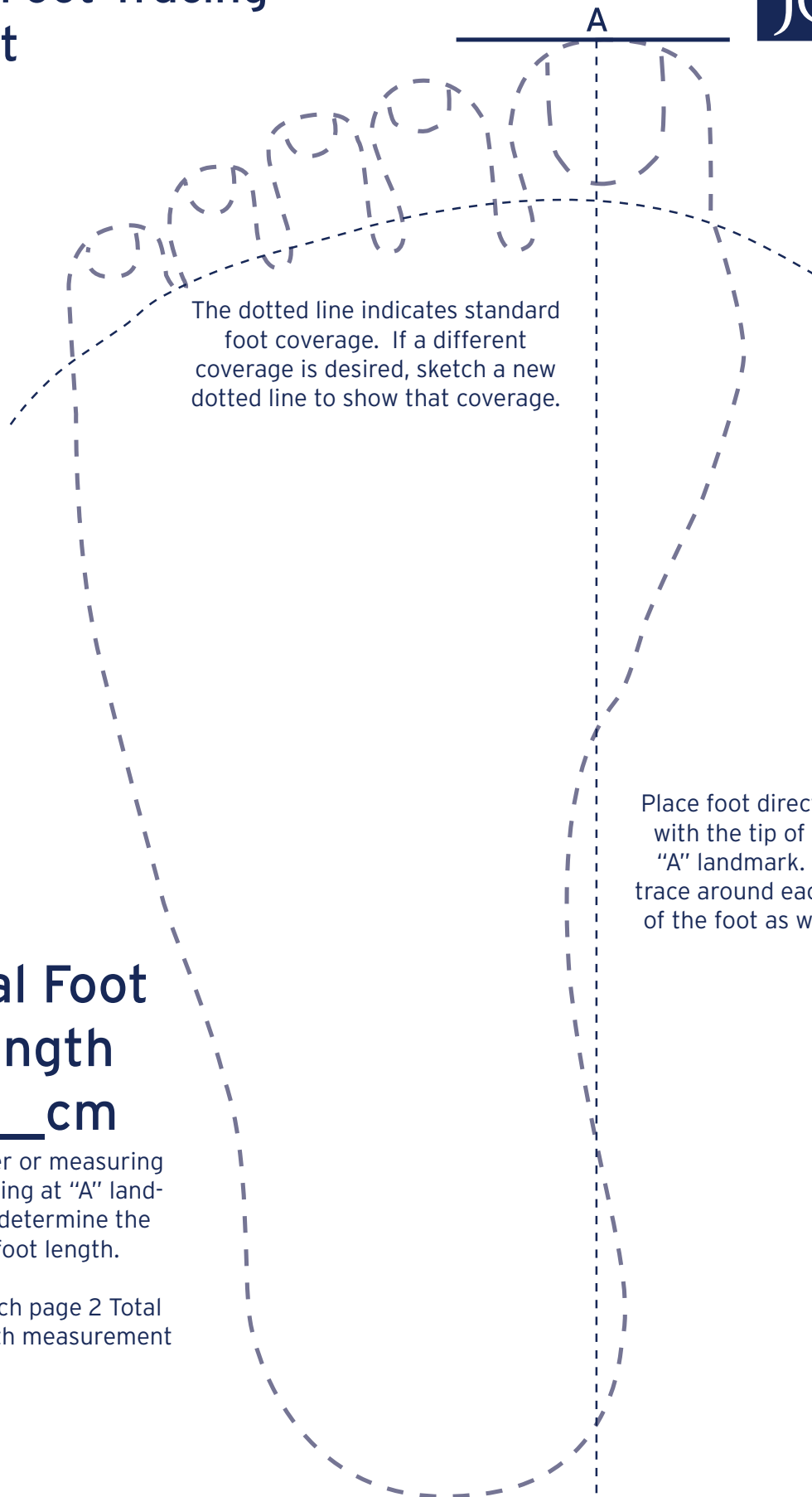
Total foot length
_____ cm

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

Must match page 2 Total Foot Length measurement

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

Patient Name or Reference # _____