

# Shoulder-Torso Arm Sleeves 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

### 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



*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

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

### JoViJacket - Nylon & Spandex Powernet

	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: \_\_\_\_\_

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



# Shoulder-Torso Arm Sleeves

## Custom

JoViPak

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 Acromiom Process)

**Circumferences**

H to G to H (Arm Hole)

**Lengths**

G to N  G (Torso @ Axilla)

N (Largest Chest)

G to L  M (Xyphoid Process)

G to K  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 <sup>2</sup> (Upper Bicep)	C to F <sup>2</sup> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F <sup>1</sup> (Mid Bicep)	C to F <sup>1</sup> <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 <sup>1</sup> (Widest Forearm)	C to D <sup>1</sup> <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"/>

**Body lengths to be taken laterally & linearly**

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: \_\_\_\_\_

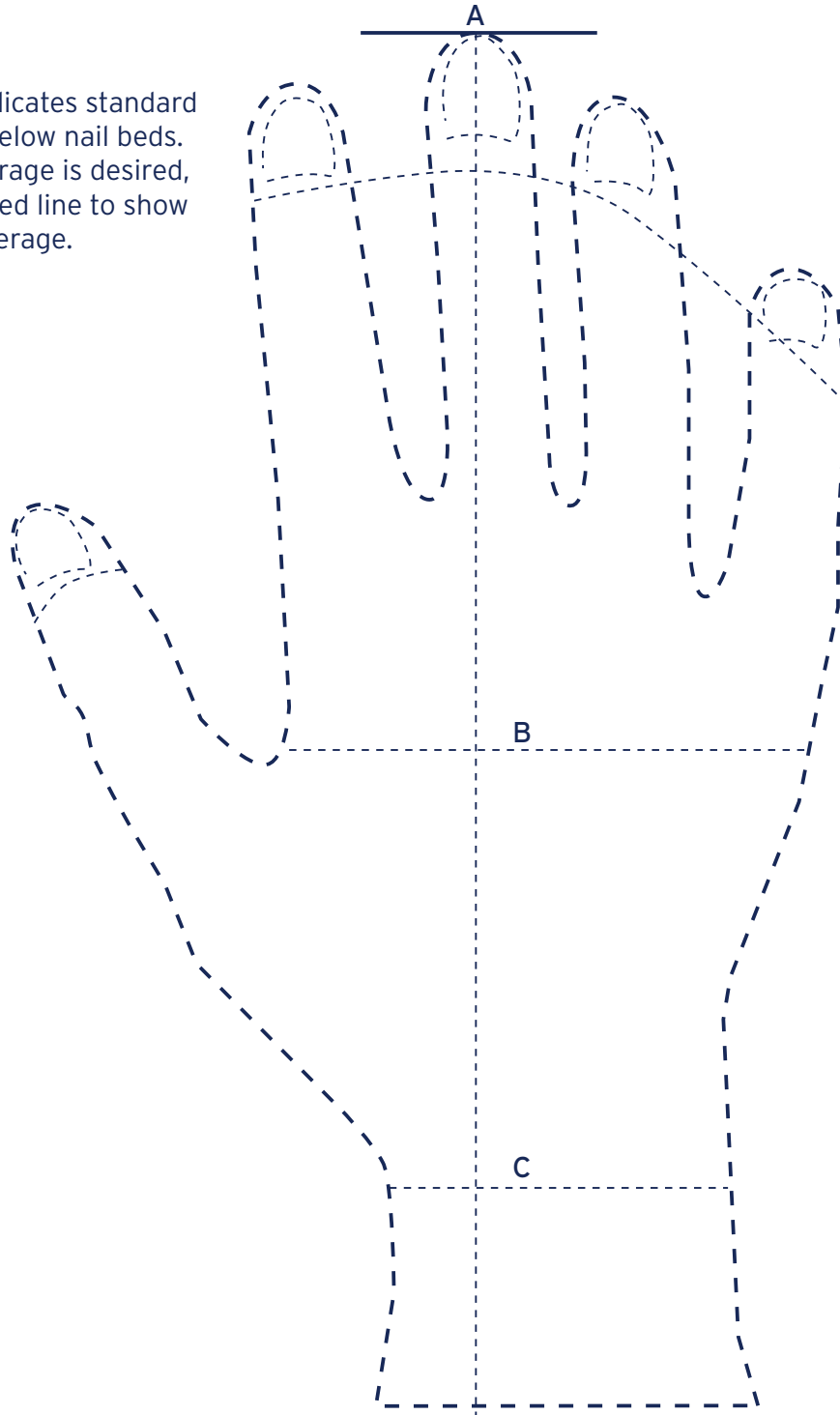


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# CUSTOM HAND TRACING RIGHT HAND

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

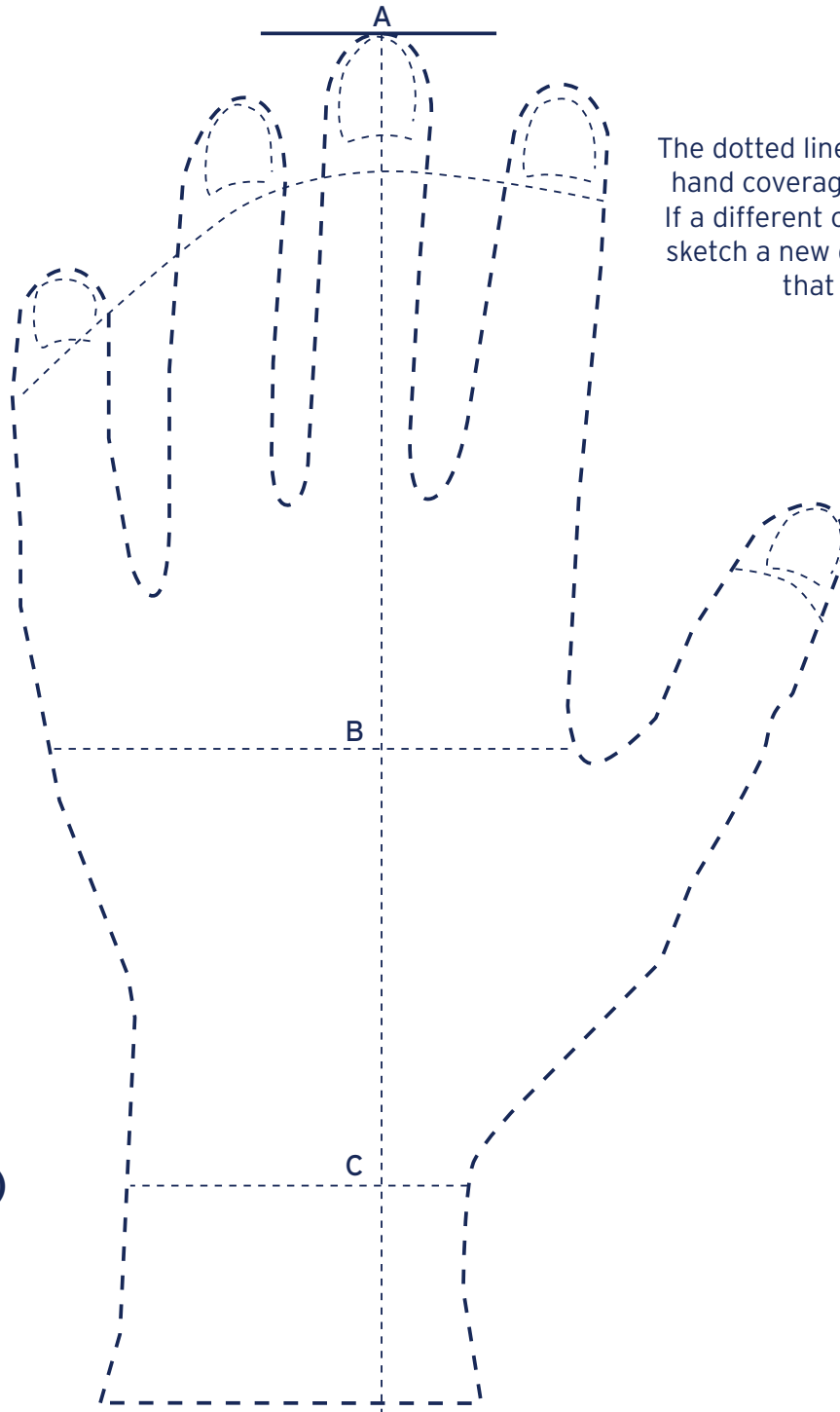
Patient Name or Reference #: \_\_\_\_\_



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# 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