

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

Business Name	
Attention	
Address	
City	State
Phone	Zip

SHIPPING ADDRESS

<input type="checkbox"/> Same as Billing Address	
Name	
Attention	
Address	
City	State
Phone	Zip

ORDER SPECIFICATIONS

Quote Order

FREE STANDARD SHIPPING



Vest with optional Full Padding
(shown with vertical & horizontal padding options for illustration)



Vest with JoViJacket

Organic Cotton & Spandex Colors

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

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

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

Circumference	Please record all measurements in centimeters All measurements are required.	Lengths
<input type="checkbox"/> H to G to H (Arm Hole)		Lengths should be taken along the side of the torso, starting at the waist (with a beginning number of O), measuring up to the axilla (R).
<input type="checkbox"/> R (Torso @ Axilla)		<input type="checkbox"/> K to R
<input type="checkbox"/> N (Largest Chest)		<input type="checkbox"/> K to N
<input type="checkbox"/> M (Xyphoid Process)		<input type="checkbox"/> K to M
<input type="checkbox"/> L (Lowest Rib)		<input type="checkbox"/> K to L
<input type="checkbox"/> K (Natural Waist)		<input type="checkbox"/> K (Natural Waist = O)
<input type="checkbox"/> J (Mid Hip)		<p>The lower section beginning at K (Natural Waist), is a 20cm long unpadded/unchanneled peplum.</p>
<input type="checkbox"/> K (front) through the Groin and to K (back) <i>(for Crotch Straps only - measure from center front waist, through the crotch, and up to the center back waist)</i>		

Additional Charge Options

Padded Insert
(equalizes pressure over mastectomy site)

Color: Black Buff

Size: Small (A/B)
 Medium (C)
 Large (D)
 XLarge (DD/E)

Crotch Strap
(helps to keep garment in place for patients with larger abdomens (additional measurements required))

Prepaid Reduction

Full Vertical Padding to natural waist - peplum included

No Charge Options

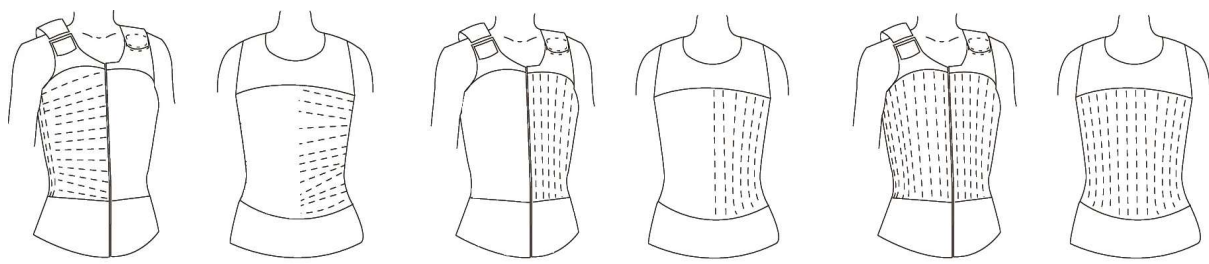
Slimline *(more channels and less foam)*

Two Blend Foam *(Low ILD)*

End garment at waist *(no peplum)*

• 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.

Channeling Options



Half Padding Horizontal
 Left Right

Half Padding Vertical
 Left Right

Bilateral Vertical
(additional charge)

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