

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 | <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

RUSH OPTION Additional 25% charge for 3 business day production period

SHIPPING

Shipping rates may vary, depending on services requested and/or rates charged by carrier

\$10.00 to business addresses \$13.25 to residential addresses



Boxer F'L



Boxer Capri DK

| Polartec® Power Dry® Colors | |
|--|-------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Buff |
| <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Pink |
| <input type="checkbox"/> Plum | <input type="checkbox"/> Royal Blue |
| <input type="checkbox"/> Stainless Steel | |

| JoViJacket (Boxer - SUPER Powernet) | | |
|-------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> White | <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

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

| | | | | | |
|------|-------|---------------------------------------|----------------|---------------------------|--|
| | | L (Lowest Rib) | L | A to L | |
| | | 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 | |
| Left | Right | 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 (Flexion Crease) | E | A to E | |
| | | D (Least 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 | | |
| | | b-(Base of Little Toe) | b | | |
| | | i-(Instep) | i | | |
| | | A | 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.

Additional Charge Options

Custom Leg AF1 Left Right

Custom JoViJacket AF1 Left Right

Custom Leg AD Left Right

Custom JoViJacket AD Left Right

Donning Loops options Boxer Leg(s)

Dorsum Pad (sewn in)

Malleolus Pad (sewn in)
 Medial Lateral

Zipper - ankle to knee

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 (default)
 circumventing inguinal region

- 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.

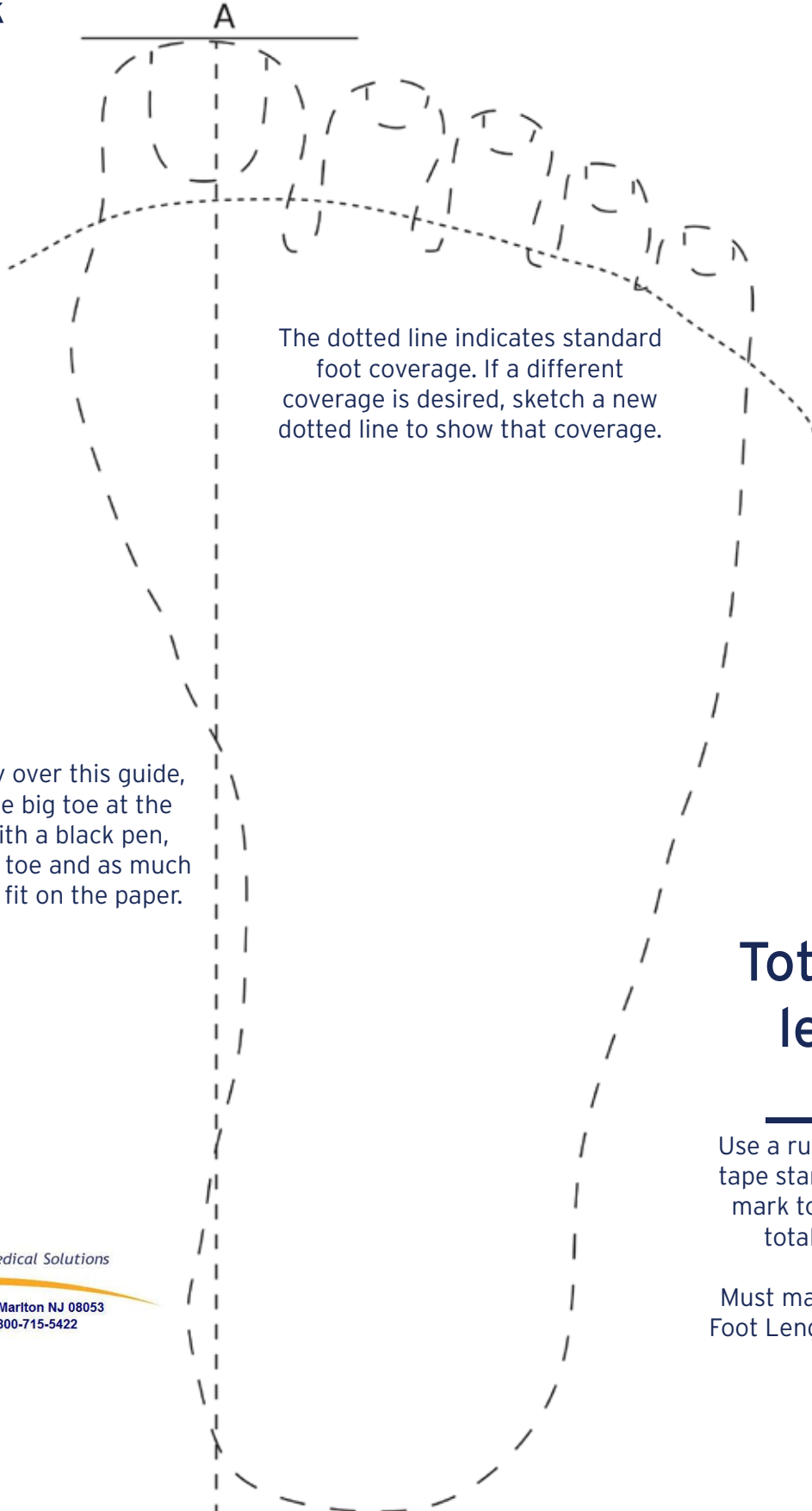
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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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

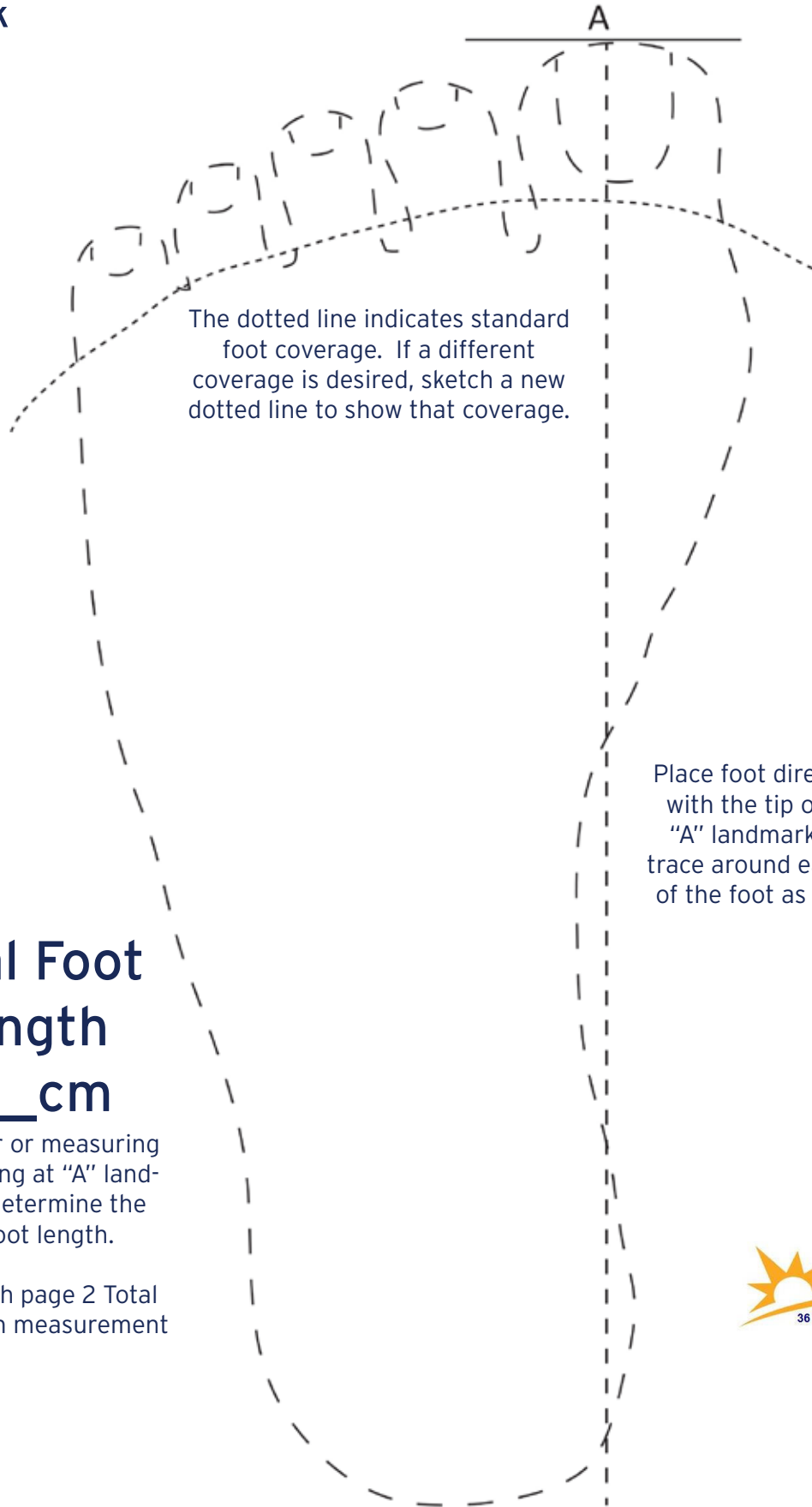


Patient Name or Reference #: _____



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

