



JoViPak

Hip Huggers Custom



36 W. Route 70, Ste 214, Marlton NJ 08053
P: 800-714-7434 F: 800-715-5422

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

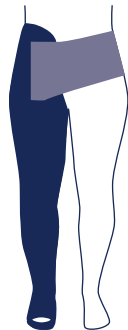
RUSH OPTION Additional 25% charge for 3 business day production period

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



Hip Hugger (DK)



Hip Hugger Full Leg (AK)

Organic Cotton	
<input type="checkbox"/> Black	
<input type="checkbox"/> Ivory	
<input type="checkbox"/> Royal Blue	
JoViJacket	
<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



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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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

		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 (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-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)

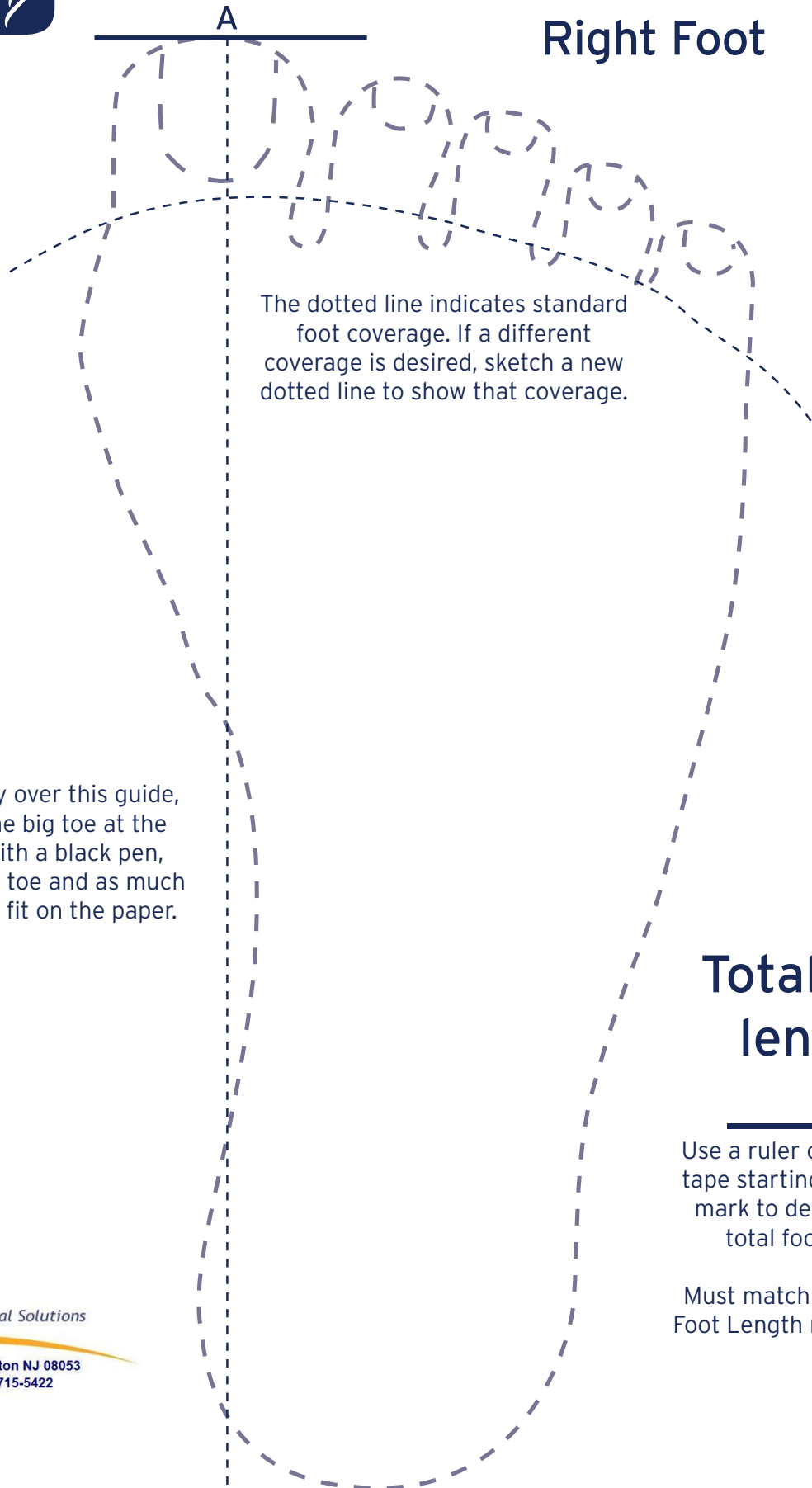
Channeling:
 towards inguinal region (default)
 circumventing inguinal region

- 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: _____

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.

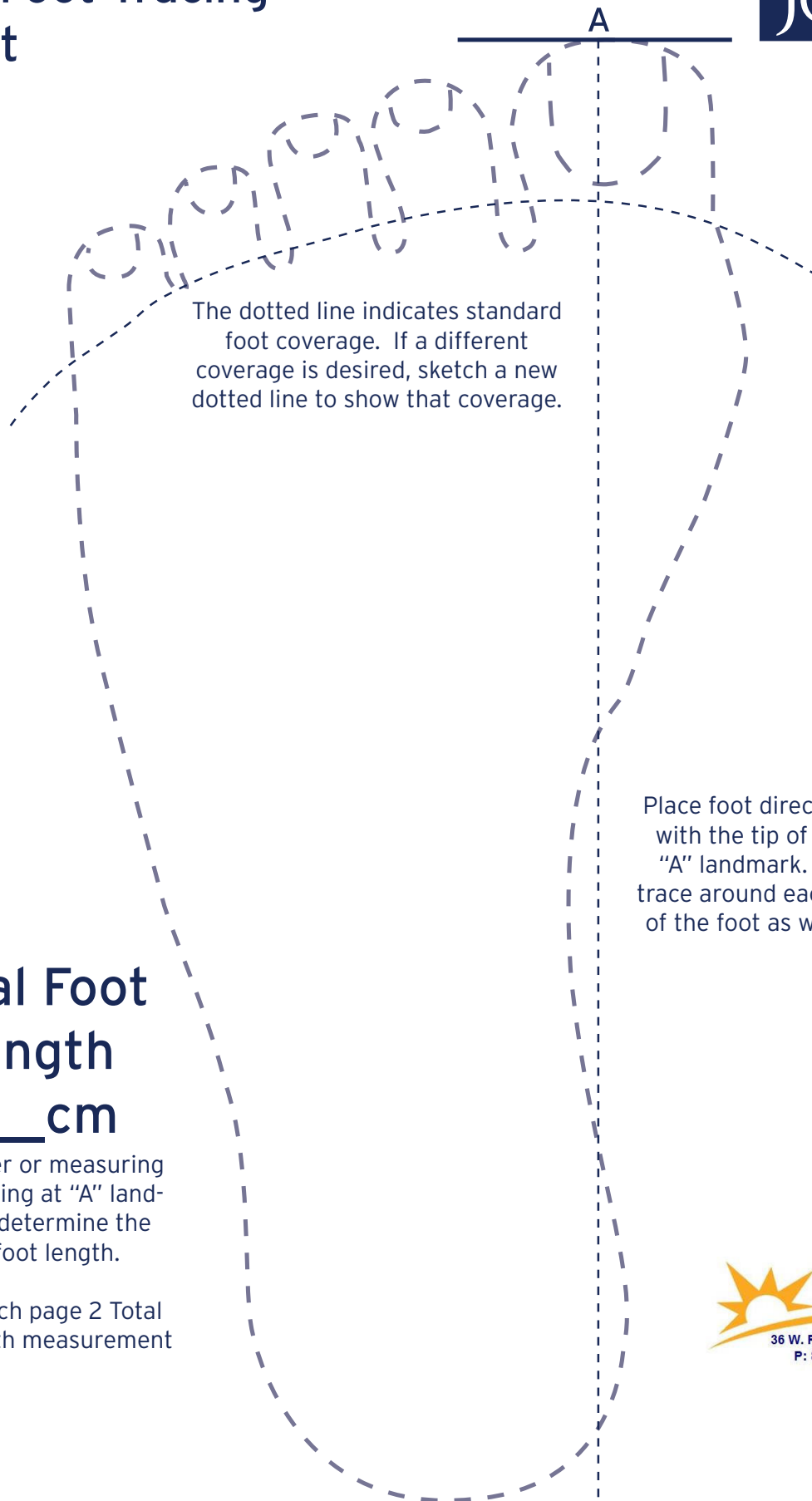
Total foot length
_____cm

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



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

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.



Patient Name or Reference # _____