

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



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



Vest with JoViJacket

Organic Cotton & Spandex Colors

Black Ivory Royal Blue

JoViJacket - Nylon & Spandex Powernet

Black 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

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).

The lower section beginning at K (Natural Waist), is a 20cm long unpadded/unchanneled peplum.

K (front) through the Groin and to K (back)
(for Crotch Straps only - measure from center front waist, through the crotch, and up to the center back waist)

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

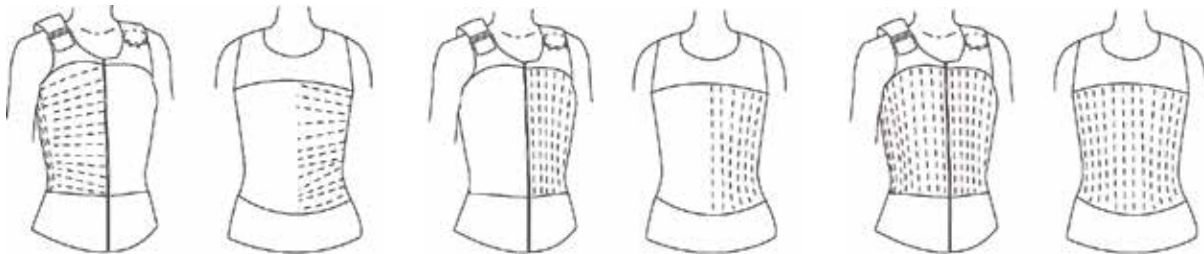
Slimline *(more channels and less foam)*

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)

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

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