Hip Huggers Custom

FAX COMPLETED FORM TO 1-877-760-4943

PAYMENT INFORMATION		Date	
JoViPak Account #	☐ Bill to Account	PO #	
☐ Charge Credit Card	Card Exp. Date ____ / ____	Patient Name	
Card #		Fax Confirmation #	
Name on Card		Email Confirmation	

BILLING ADDRESS				**SHIPPING ADDRESS** ☐ Same as Billing Address			
Business Name				Business Name			
Address				Address			
Attention				Attention			
City		State		City		State	
Phone		Zip		Phone		Zip	

ORDER SPECIFICATIONS

☐ Quote Only ☐ Quote & Proceed ☐ Dealer Pricing ☐ MSRP

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.*

☐ FedEx® (2 day shipping) ☐ *Check if shipping to a residence*
$10.00 to business addresses; $13.25 to residential addresses
(Additional services may be available; contact JoViPak to discuss.)

☐ USPS Priority Mail Flat Rate® Small or Medium box
For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)

☐ **Hip Hugger**

☐ **Hip Hugger Full Leg**

Hip Hugger Organic Cotton & Spandex
☐ Black
☐ Ivory
☐ Royal Blue

☐ **Hip Hugger Combi**

Hip Hugger Combi Organic Cotton & Spandex with Nylon & Spandex Techsheen	
☐ Black/Black	☐ Ivory/Buff

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.com.

Fitter/Therapist Name: _____ Phone: _____

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at www.jovipak.com

Revised 02/2018

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Patient Name:_____ Previous Patient? ☐ Yes ☐ No

Height: _____ Weight: _____ Birthdate: _____ ☐ Primary (congenital) or ☐ Secondary Lymphedema

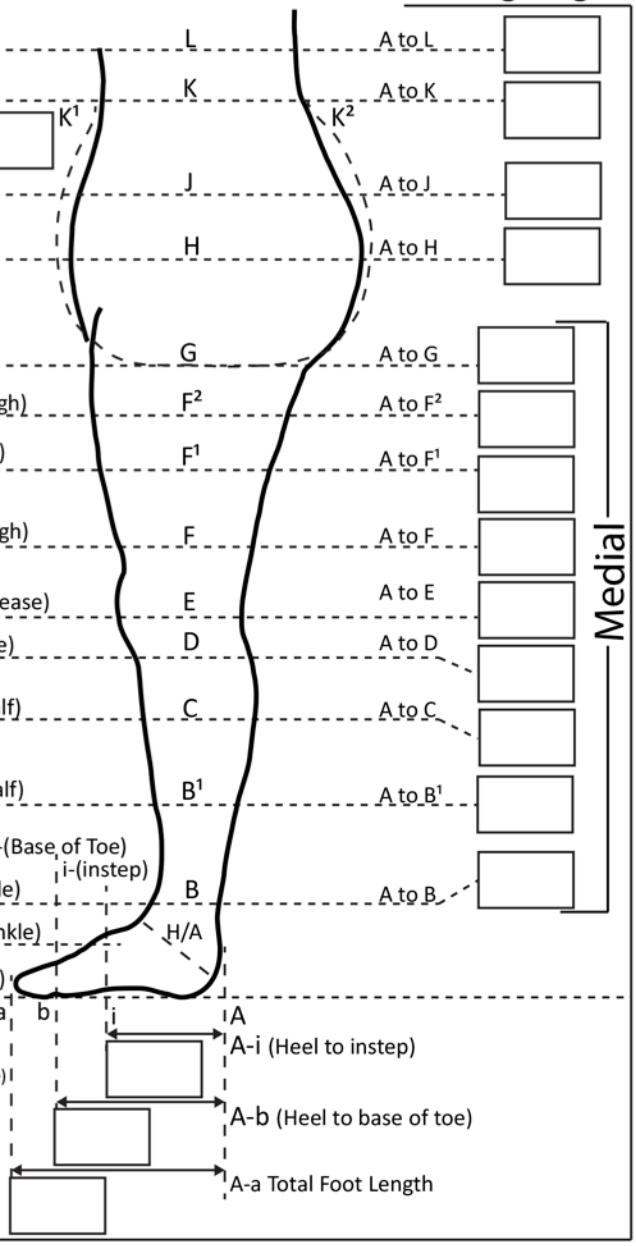
(if no selection is made, JoViPak will default to Secondary Lymphedema)

Circumference Please record all measurements in centimeters. **Leg Lengths**

☐	L (Lowest Rib)	L	A to L ☐
☐	K (Natural Waist)	K	A to K ☐
	K^1 thru 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		
☐	☐	i (Instep)			
☐	☐	b (At base of little toe)			

Medial



K^1 thru G to K^2 is measured from center front waist through the crotch up to center back waist.

☐ **Hip Hugger (DK)**

JoViJacket *(DG)* ☐ Black ☐ White

Custom Classic Lower Leg *(AD)* ☐ Left ☐ Right

JoViJacket *(for separate AD garment)* ☐ Black ☐ White

☐ **Hip Hugger Combi (DK)** *(with nylon & spandex Techsheen outer covering)*

☐ **Hip Hugger Full Leg (AK)**

JoViJacket *(AG)* ☐ Black ☐ White

No Charge Options

☐ **Cover to tips of toes** *(with separate AD or Full Leg Hip Hugger)*

☐ **Two Blend Foam** *(Low ILD)*

Additional Charge Options

☐ **Donning Loops**

☐ **Pad - Dorsum** *(sewn in)*

Pad - Malleolus *(sewn in)* ☐ Medial ☐ Lateral

☐ **Safety Sok** *(matching fabric; non-slip sole)*

☐ **Zipper** - ankle to knee

☐ **Dycem®** - donning aid

☐ **Easy-Slide** - donning aid

Prepaid Reduction Option

☐ Hip Hugger/Full Leg/Combi

☐ AD Leg(s)

- JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.
- 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.com.
- If ordering additional leg garments, please include foot tracings.

Comments:

Fitter/Therapist Name: _____ Phone: _____

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Revised 02/2018

Custom Hip Huggers

Adaptive
Together We Can Adapt to Challenges in Life
Fax (860)323-8002
Phone (860)207-8268

☐ Hip Hugger

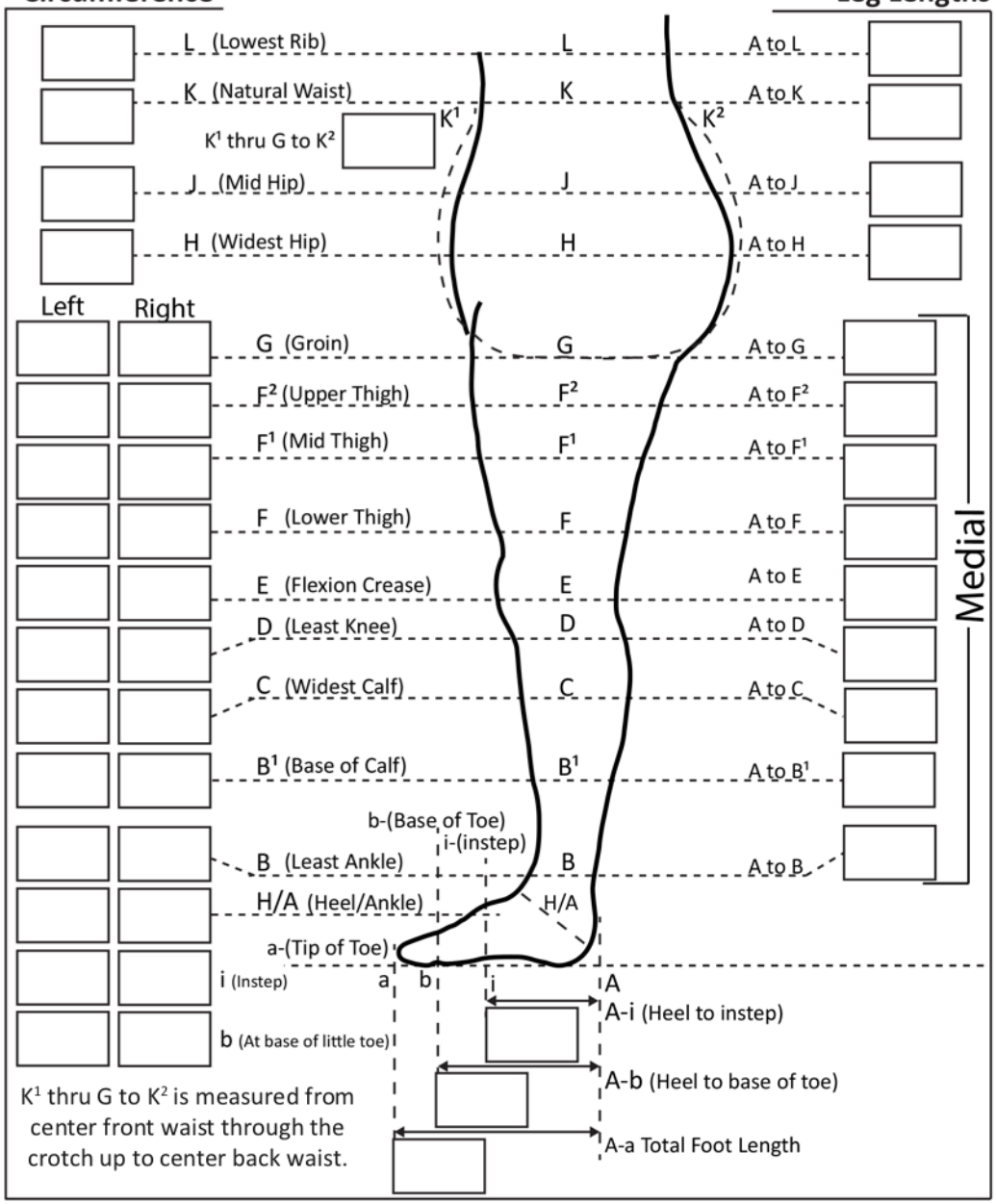
☐ Hip Hugger Full Leg

Hip Hugger Organic Cotton & Spandex
☐ Black
☐ Ivory
☐ Royal Blue

☐ Hip Hugger Combi

Hip Hugger Combi Organic Cotton & Spandex with Nylon & Spandex Techsheen	
☐ Black/Black	☐ Ivory/Buff

Circumference — Please record all measurements in centimeters. — **Leg Lengths**



K¹ thru G to K² is measured from center front waist through the crotch up to center back waist.

☐ **Hip Hugger (DK)**
JoViJacket *(DG)* ☐ Black ☐ White
Custom Classic Lower Leg *(AD)* ☐ Left ☐ Right
JoViJacket *(for separate AD garment)* ☐ Black ☐ White

☐ **Hip Hugger Combi (DK)** *(with nylon & spandex Techsheen outer covering)*

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JoViJacket *(AG)* ☐ Black ☐ White

No Charge Options
☐ **Cover to tips of toes** *(with separate AD or Full Leg Hip Hugger)*
☐ **Two Blend Foam** *(Low ILD)*

Additional Charge Options
☐ **Donning Loops**
☐ **Pad - Dorsum** *(sewn in)*
Pad - Malleolus *(sewn in)* ☐ Medial ☐ Lateral
☐ **Safety Sok** *(matching fabric; non-slip sole)*
☐ **Zipper** - ankle to knee
☐ **Dycem®** - donning aid
☐ **Easy-Slide** - donning aid
Prepaid Reduction Option ☐ Hip Hugger/Full Leg/Combi ☐ AD Leg(s)

Adaptive Prosthetics & Orthotics
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