

Patient Name: _____

PAYMENT INFORMATION

Account # (Required)	<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

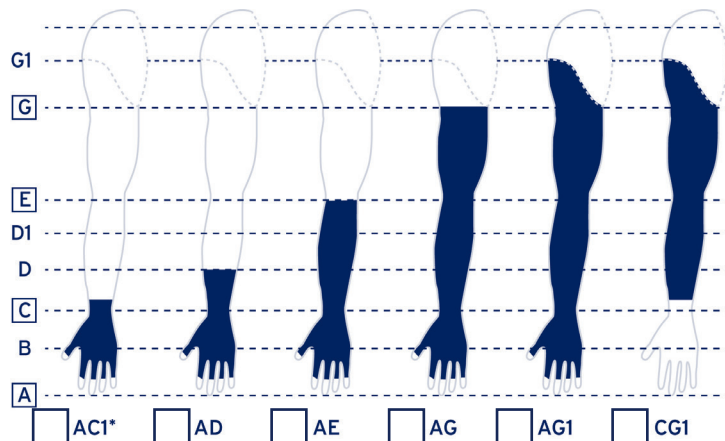
SHIPPING ADDRESS

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

ORDER SPECIFICATIONS

☐ Quote ☐ Order

FREE STANDARD SHIPPING



*Can be worn with a CG1

Comments:

Polartec® Power Dry® Colors

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Buff	
<input type="checkbox"/> Pink		<input type="checkbox"/> Plum	
<input type="checkbox"/> Royal Blue			

Organic Cotton Colors

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

JoViJacket

	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.)

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

Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*:_____ Weight*:_____ Birthdate:_____

*Height and weight are required.

Measure extended arm in relaxed position, palm up
Please record all measurements in centimeters
All measurements are required.

Circumference

Left	Right

G¹ Lateral Rise Options:

6.35 cm
(default)

10.15 cm

Arm Lengths
Measure Lengths medially

Left	Right

A
(Wrist to Tip of Longest Finger) - REQUIRED

B
Wrist Landmark

C to A
(Wrist to Tip of Longest Finger) - REQUIRED

B (Palm at Web Space)
Do not include thumb

C to B
(Wrist to Palm at Web Space)

C (Least Wrist)

D (Distal Forearm)

D' (Widest Forearm)

C to D

E (Least Elbow)

F (Lower Bicep)

C to E

F' (Mid Bicep)

F² (Upper Bicep)

C to F'

G (Axilla)

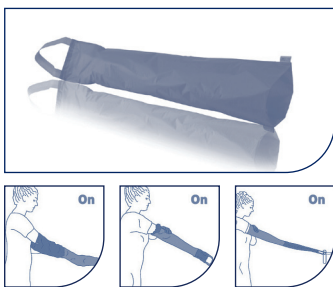
C to G

C to G

Additional Charge Options	
<input type="checkbox"/>	Donning Loops
<input type="checkbox"/>	Stitched Finger Glove
<input type="checkbox"/>	Dorsum Pad (sewn in; provides additional pressure on dorsum)
<input type="checkbox"/>	Palm Pad (sewn in; equalizes pressure in palm area)
<input type="checkbox"/>	2 Piece Arm Sleeve (AG1 or AG - separate hand; JoViJacket will match garment)
<input type="checkbox"/>	Zipper - dorsum to forearm
<input type="checkbox"/>	Zipper - elbow to axilla
<input type="checkbox"/>	Zipper - wrist to elbow
<input type="checkbox"/>	Dycem® - donning aid
<input type="checkbox"/>	Arion Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
<input type="checkbox"/>	Prepaid Reduction
No Charge Options	
<input type="checkbox"/>	Slimline (more channels and less foam than standard channelling)
<input type="checkbox"/>	Cover to middle of fingers
<input type="checkbox"/>	Cover to base of fingers
<input type="checkbox"/>	Cover fingers completely
<input type="checkbox"/>	2 Blend Foam (Low ILD)
Channelling:	
<input type="checkbox"/>	towards axilla region
<input type="checkbox"/>	bypassing axilla region (default)

Dycem® is a registered trademark of Dycem Ltd.

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.



Arion Easy-Slide Arm

- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid

Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	14.5"–15.1" (37–38.5cm)	7966102	1	
Large	15.3"–16.1" (39–41cm)	7510001	1	

Comments:

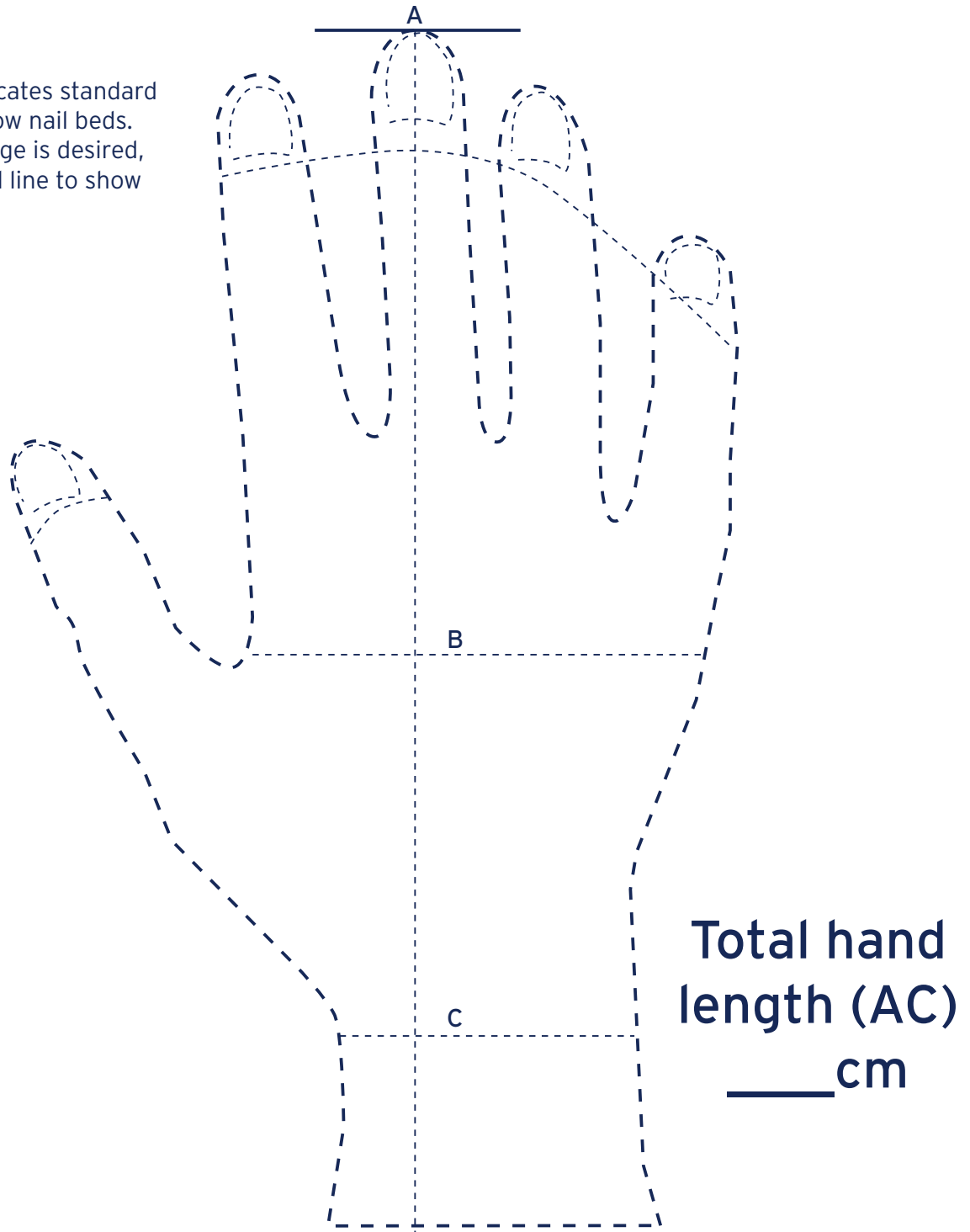
Fitter/Therapist Name: _____ Phone: _____ Email: _____

All sales are subject to JoViPak's Return, Guarantee and Warranty policies

Custom Hand Tracing Right Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

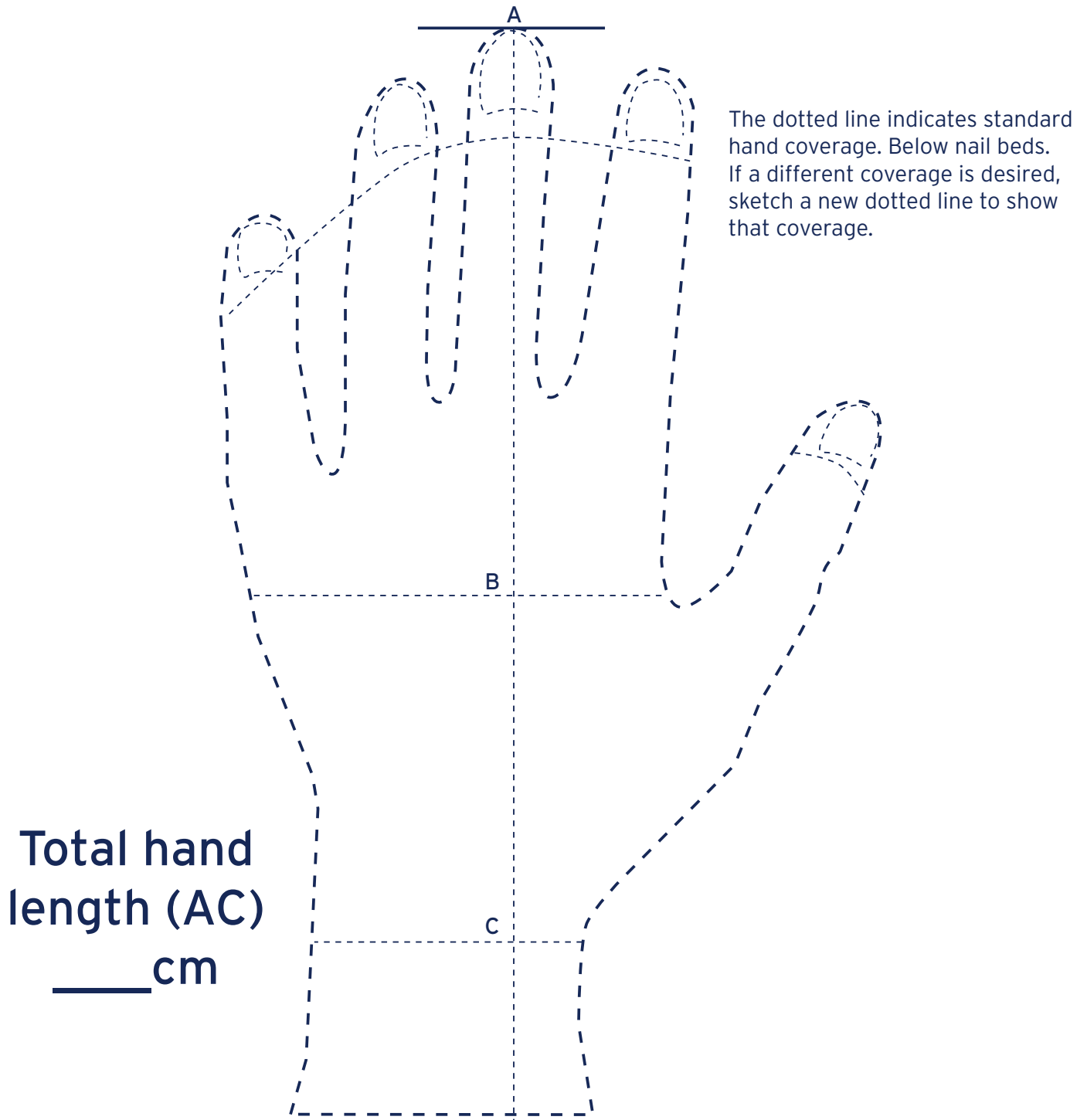
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



Patient Name or Reference # _____

Custom Hand Tracing Left Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.



Patient Name or Reference # _____