



Arm Sleeves Custom

TO ORDER:
Email: info.jovipak@essity.com
Tel: 1-866-888-5684
Fax: 1-877-760-4943

Patient Name: _____

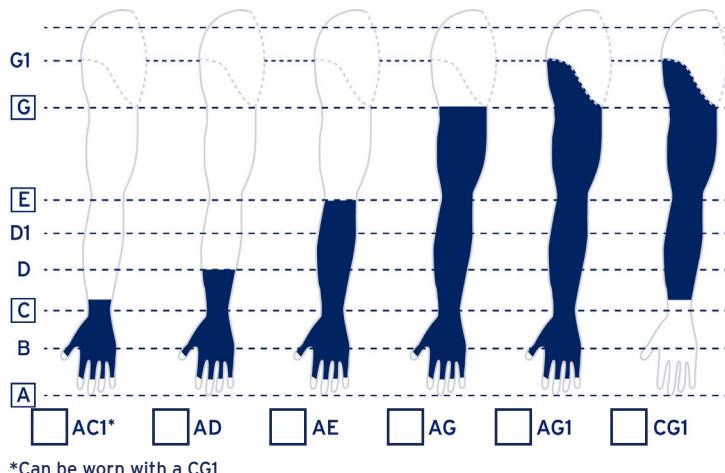
PAYMENT INFORMATION

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		SHIPPING ADDRESS	
Business Name		Name	
Attention		Attention	
Address		Address	
City	State	City	State
Phone	Zip	Phone	Zip

ORDER SPECIFICATIONS

Quote Order

FREE STANDARD SHIPPING



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.)

Comments:

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



JOBST®,
an Essity brand



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA



jobst-usa.com

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Arm Sleeves Custom

JoViPak

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

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 ^{on} 

- 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	

Dycem® is a registered trademark of Dycem Ltd.

Comments:

Additional Charge Options

- Donning Loops**
 - Stitched Finger Glove**
 - Dorsum Pad**
(sewn in; provides additional pressure on dorsum)
 - Palm Pad**
(sewn in; equalizes pressure in palm area)
 - 2 Piece Arm Sleeve**
(AG1 or AG - separate hand;
JoViJacket will match garment)
 - Zipper** - dorsum to forearm
 - Zipper** - elbow to axilla
 - Zipper** - wrist to elbow
 - Dycem®** - donning aid
 - Arion Easy-Slide** - donning aid
(for garments without a Stitched Finger Glove)
 - Prepaid Reduction**

No Charge Options

- Slimline** (more channels and less foam than standard channelling)
 - Cover to middle of fingers**
 - Cover to base of fingers**
 - Cover fingers completely**
 - 2 Blend Foam (Low ILD)**

Channeling:

 - towards axilla region
 - bypassing axilla region (default)

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

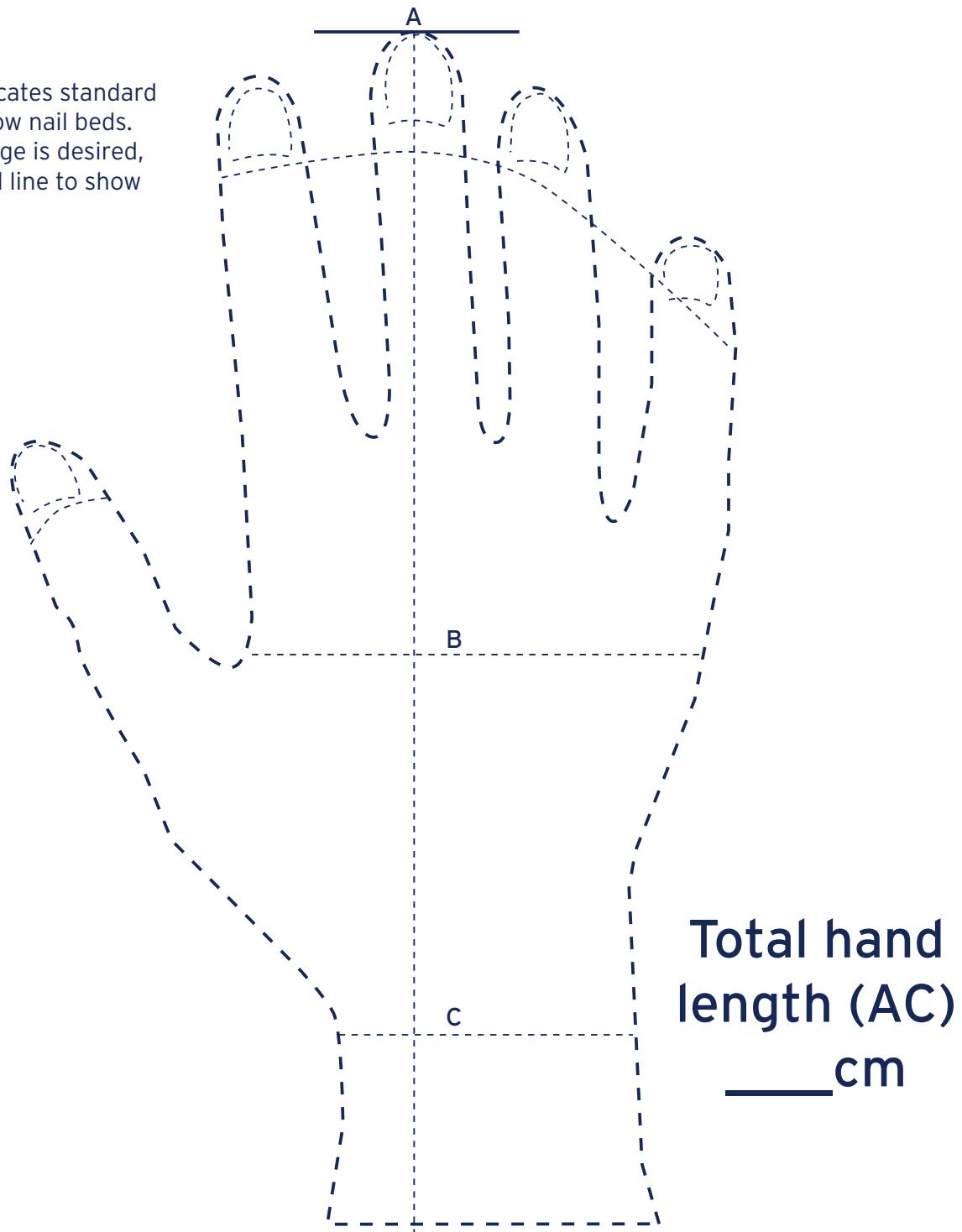
All sales are subject to JoViPak's Return, Guarantee and Warranty policies



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.

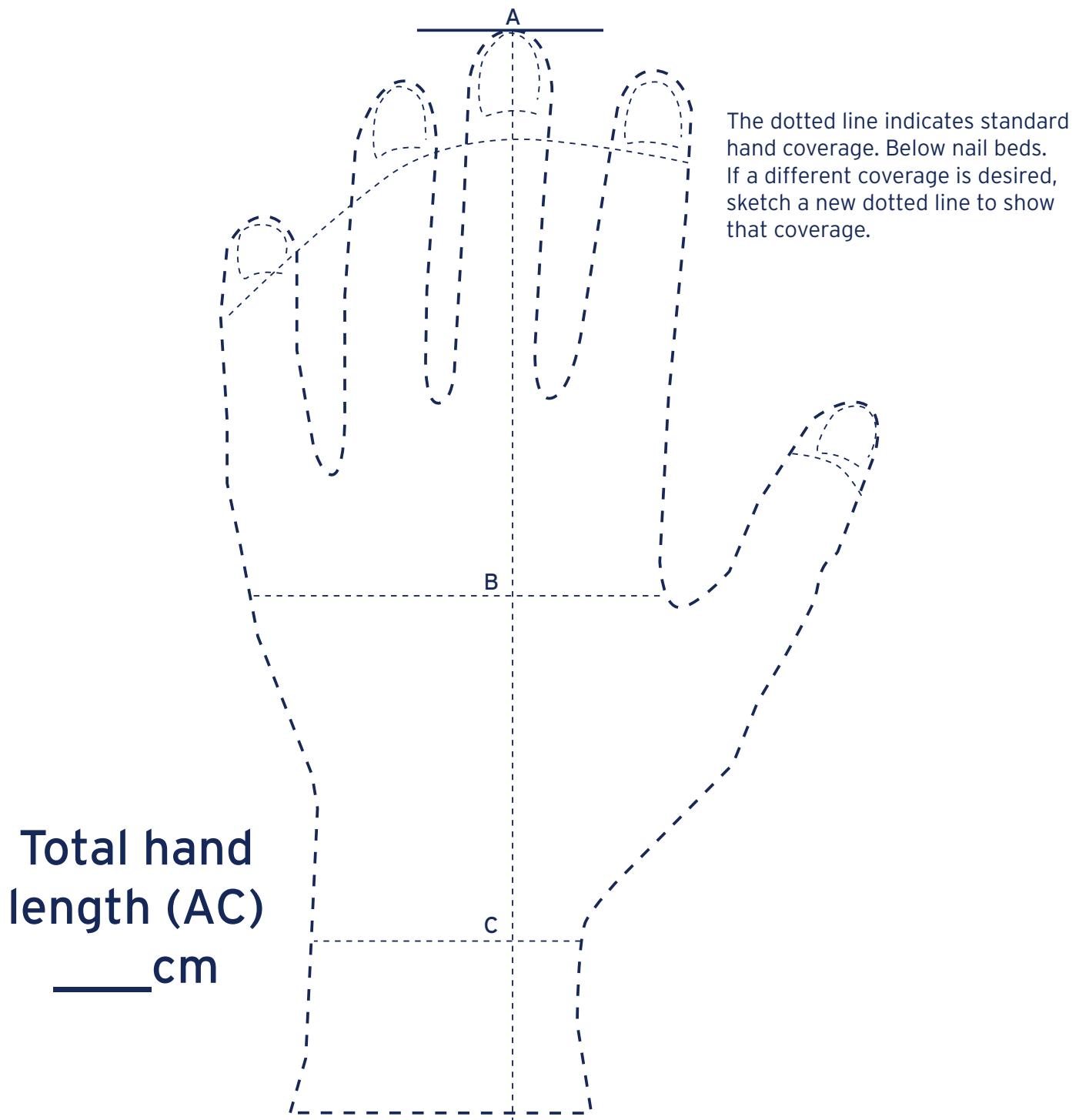
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



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 # _____