

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



Boxer F'IL



Boxer Capri DK

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			

JoViJacket (Boxer - SUPER Powernet)

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

(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



Boxers Custom

Patient Name: _____

Previous Patient? Yes Gender: F M

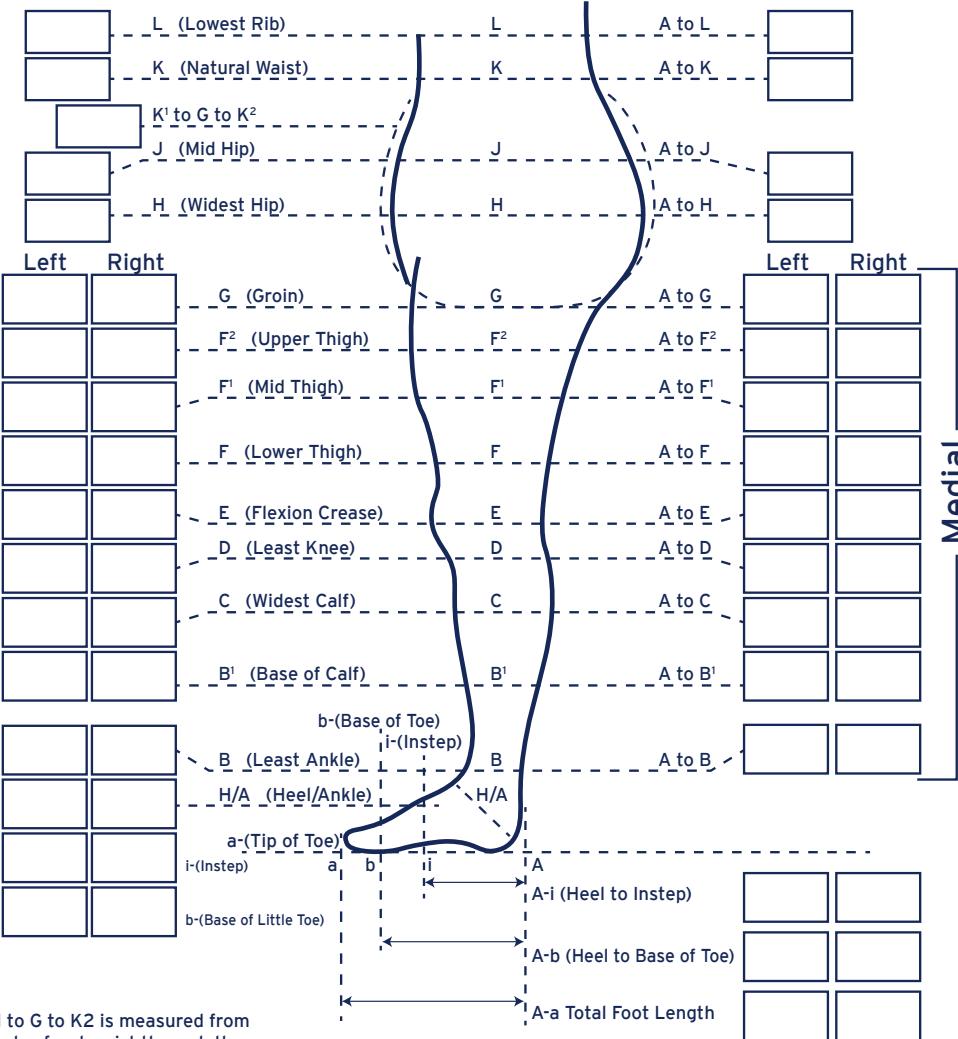
Height*: _____ Weight*: _____ Birthdate: _____

(*Height and weight are required.)

Circumference

Please record all measurements
in centimeters
All measurements are required.

Leg Lengths



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

- 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.

Additional Charge Options

Custom Leg AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AF1	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom Leg AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Custom JoViJacket AD	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Donning Loops options	<input type="checkbox"/> Boxer	<input type="checkbox"/> Leg(s)
<input type="checkbox"/> Dorsum Pad (sewn in)		
Malleolus Pad (sewn in)		
<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	
<input type="checkbox"/> Zipper - ankle to knee		
<input type="checkbox"/> Dycem® - donning aid		
<input type="checkbox"/> Arion Easy-Slide - donning aid		
Prepaid Reduction		
<input type="checkbox"/> Boxer	<input type="checkbox"/> Boxer Capri	
<input type="checkbox"/> AF1 Leg(s)	<input type="checkbox"/> AD Leg(s)	

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 AF1)
- End garment at base of toes, top and bottom
- 2 Blend Foam (*Low ILD*)

Channeling:

- towards inguinal region
- circumventing inguinal region (default)

Comments:

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

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CUSTOM FOOT TRACING RIGHT FOOT

A

The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

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

The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

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.