

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

☐ Same as Billing 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'L



☐ 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

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

Circumference Measurements:

Point	Left	Right
L (Lowest Rib)		
K (Natural Waist)		
K' to G to K ²		
J (Mid Hip)		
H (Widest Hip)		
G (Groin)		
F ² (Upper Thigh)		
F ¹ (Mid Thigh)		
F (Lower Thigh)		
E (Flexion Crease)		
D (Least Knee)		
C (Widest Calf)		
B ¹ (Base of Calf)		
B (Least Ankle)		
H/A (Heel/Ankle)		

Leg Length Measurements:

Point	Left	Right
A to L		
A to K		
A to J		
A to H		
A to G		
A to F ²		
A to F ¹		
A to F		
A to E		
A to D		
A to C		
A to B ¹		
A to B		
A-i (Heel to Instep)		
A-b (Heel to Base of Toe)		
A-a (Total Foot Length)		

Foot Tracing:

Diagram showing foot tracing with points: b-(Base of Toe), i-(Instep), a-(Tip of Toe), i-(Instep), b-(Base of Little Toe), and A. Measurements include A-i (Heel to Instep), A-b (Heel to Base of Toe), and A-a (Total Foot Length).

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

Additional Charge Options

- Custom Leg AF1 ☐ Left ☐ Right
- Custom JoViJacket AF1 ☐ Left ☐ Right
- Custom Leg AD ☐ Left ☐ Right
- Custom JoViJacket AD ☐ Left ☐ Right
- Donning Loops options ☐ Boxer ☐ Leg(s)

☐ Dorsum Pad (sewn in)

Malleolus Pad (sewn in)

☐ Medial ☐ Lateral

☐ Zipper - ankle to knee

☐ Dycem® - donning aid

☐ Arion Easy-Slide - donning aid

Prepaid Reduction

☐ Boxer ☐ Boxer Capri
☐ AF1 Leg(s) ☐ 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)

- 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.

Comments:

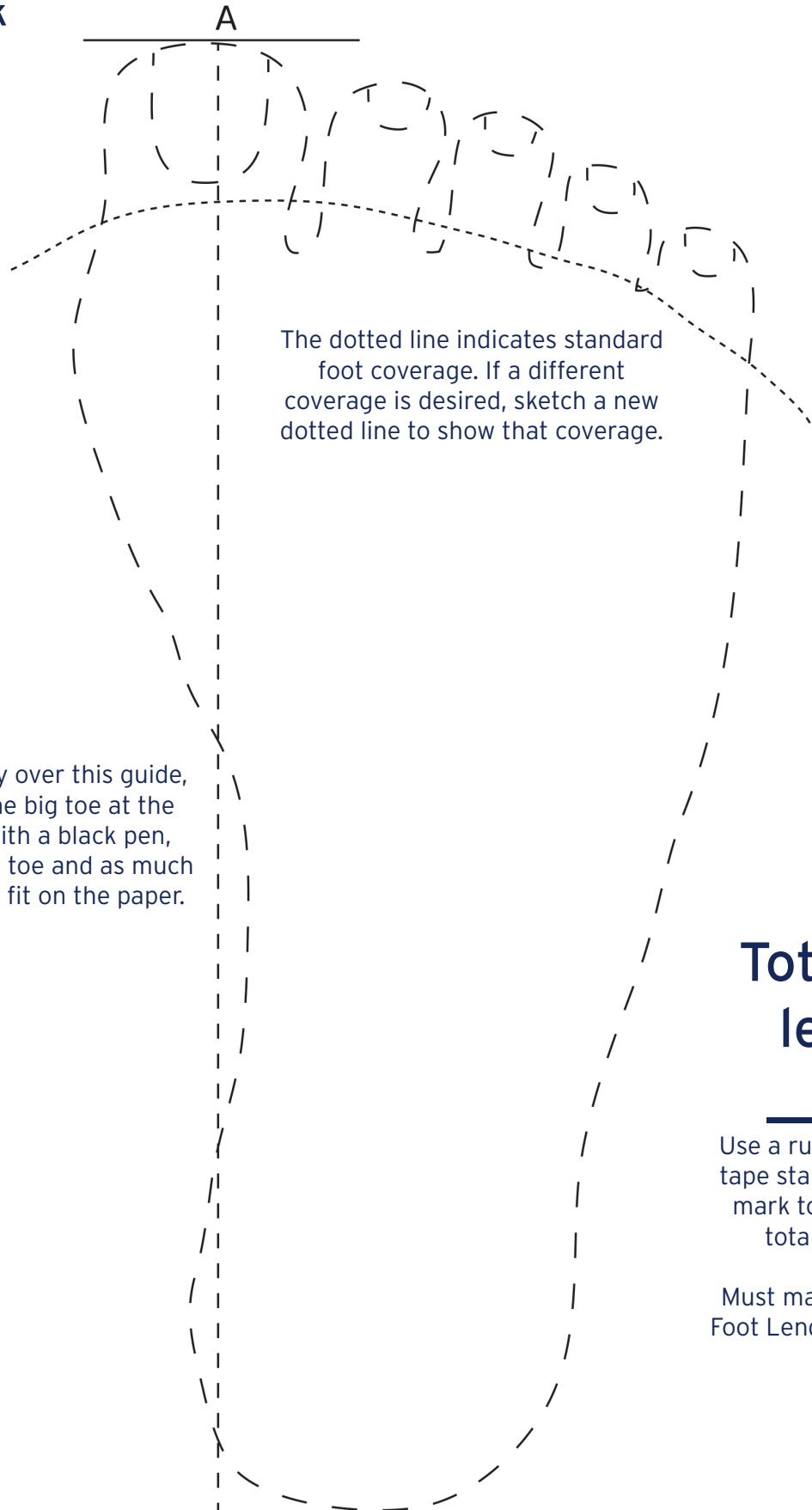
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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JoViPak

CUSTOM FOOT TRACING RIGHT FOOT



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.

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

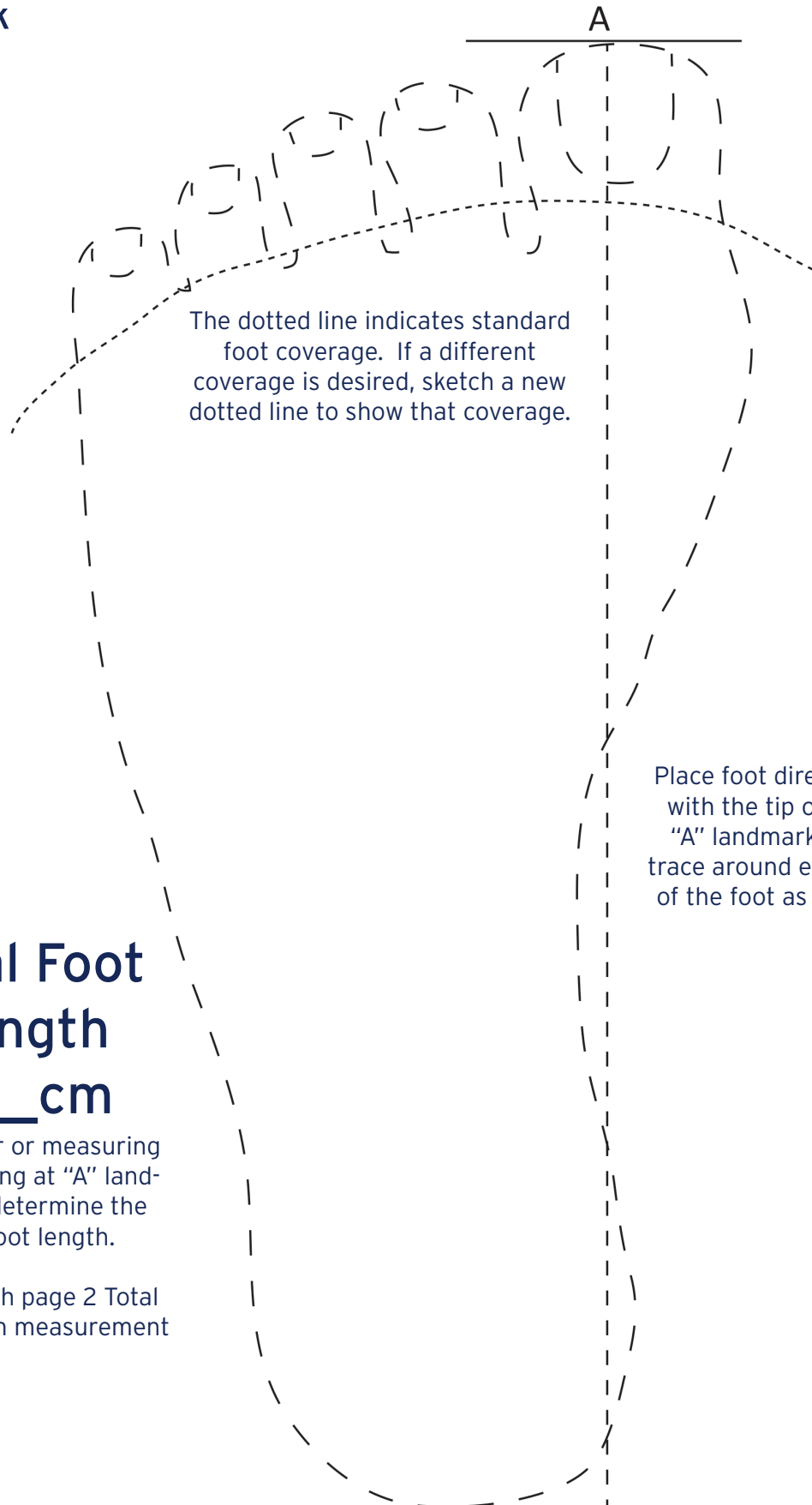
**Total foot
length**
_____cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

Patient Name or Reference #: _____

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