



Hip Huggers 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	<input type="checkbox"/> 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



Hip Hugger (DK)



Hip Hugger
Full Leg (AK)

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



@JOBSTforUSA



@JOBST_USA



jobst-usa.com

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Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

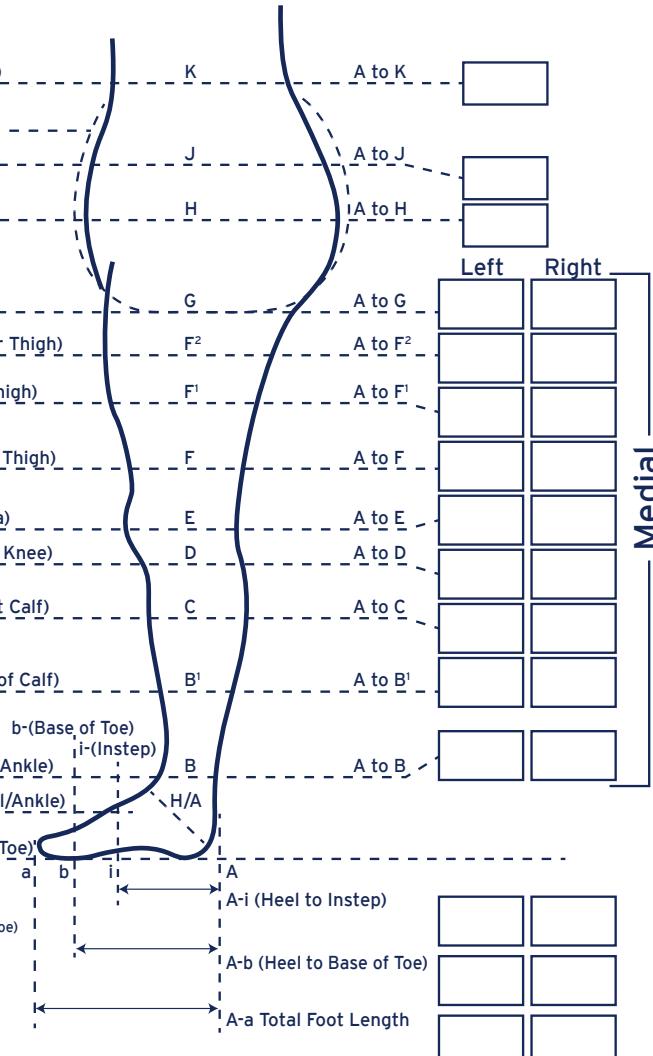
*Height and weight are required.

Circumference

Please record all measurements in centimeters
All measurements are required.

Left	Right
<input type="text"/>	<input type="text"/> K (Natural Waist)
<input type="text"/>	<input type="text"/> K ¹ to G to K ²
<input type="text"/>	<input type="text"/> J (Mid Hip)
<input type="text"/>	<input type="text"/> H (Widest Hip)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> G (Groin)
<input type="text"/>	<input type="text"/> F ² (Upper Thigh)
<input type="text"/>	<input type="text"/> F ¹ (Mid Thigh)
<input type="text"/>	<input type="text"/> F (Lower Thigh)
<input type="text"/>	<input type="text"/> E (Patella)
<input type="text"/>	<input type="text"/> D (Below Knee)
<input type="text"/>	<input type="text"/> C (Widest Calf)
<input type="text"/>	<input type="text"/> B ¹ (Base of Calf)
<input type="text"/>	<input type="text"/> b-(Base of Toe)
<input type="text"/>	<input type="text"/> B (Least Ankle)
<input type="text"/>	<input type="text"/> H/A (Heel/Ankle)
<input type="text"/>	<input type="text"/> a-(Tip of Toe)
<input type="text"/>	<input type="text"/> i-(Instep)
<input type="text"/>	<input type="text"/> b-(Base of Little Toe)

Leg Lengths



Left	Right
<input type="text"/> A to K	<input type="text"/>
<input type="text"/> A to J	<input type="text"/>
<input type="text"/> A to H	<input type="text"/>
<input type="text"/> A to G	<input type="text"/>
<input type="text"/> A to F ²	<input type="text"/>
<input type="text"/> A to F ¹	<input type="text"/>
<input type="text"/> A to F	<input type="text"/>
<input type="text"/> A to E	<input type="text"/>
<input type="text"/> A to D	<input type="text"/>
<input type="text"/> A to C	<input type="text"/>
<input type="text"/> A to B ¹	<input type="text"/>
<input type="text"/> A to B	<input type="text"/>
<input type="text"/> A-i (Heel to Instep)	<input type="text"/>
<input type="text"/> A-b (Heel to Base of Toe)	<input type="text"/>
<input type="text"/> A-a Total Foot Length	<input type="text"/>

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.

Can be paired with

Custom Lower Leg (AD)
 Left Right

Additional Charge Options

- Donning Loops HH AD
- Dorsum Pad (sewn in)
- Malleolus Pad (sewn in)
 Medial Lateral
- Zipper - ankle to knee
- Dycem® - donning aid
- Arion Easy-Slide - donning aid

Prepaid Reduction Option

- Hip Hugger Full Leg (AK)
- Hip Hugger (DK)
- AD Leg(s)

Dycem® is a registered trademark of Dycem Ltd.

No Charge Options

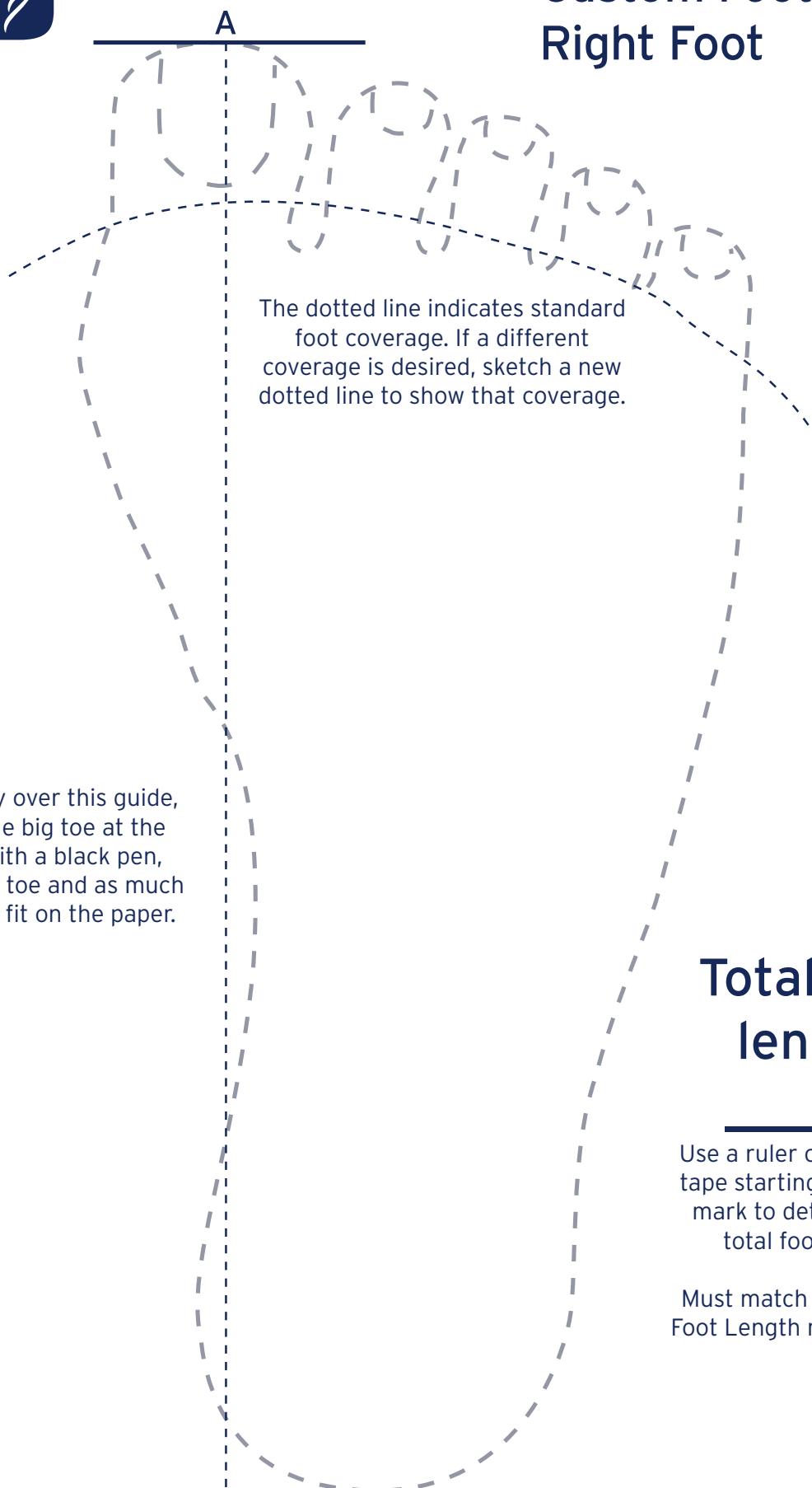
- Standard: end with top of toes uncovered, cover bottom of toes
- Cover to tips of toes, top and bottom (with separate AD or Full Leg Hip Hugger)
- End garment at base of toes, top and bottom
- 2 Blend Foam (Low ILD)
- Channeling:**
 - towards inguinal region
 - circumventing inguinal region (default)

Comments:

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

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

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.

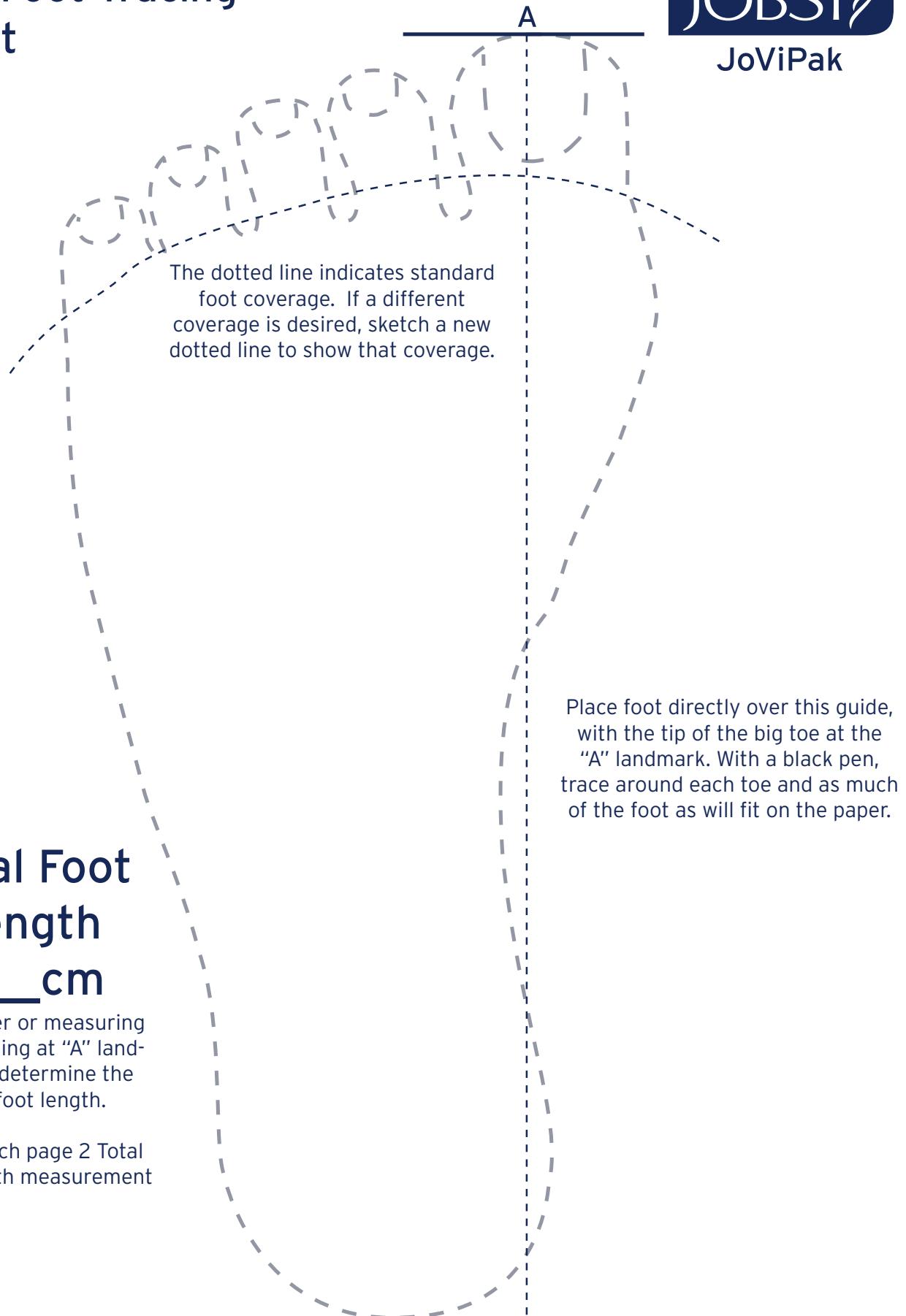
Total foot length
cm

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

Must match page 2 Total Foot Length measurement

Custom Foot Tracing Left Foot

JOBST®
JoViPak



Patient Name or Reference # _____