



JoViPak

# 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

Business Name	
Attention	
Address	
City	State
Phone	Zip

## SHIPPING ADDRESS

☐ Same as Billing Address

Name	
Attention	
Address	
City	State
Phone	Zip

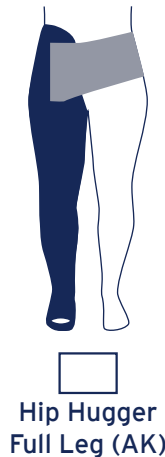
## ORDER SPECIFICATIONS

☐ 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



@JOBST\_USA



@JOBSTforUSA



jobst-usa.com

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\*Height and weight are required.

[illegible]

**Can be paired with**  
**Custom Lower Leg (AD)**  
☐ Left    ☐ Right

<b>Additional Charge Options</b>	
<input type="checkbox"/> Donning Loops	<input type="checkbox"/> HH <input type="checkbox"/> AD
<input type="checkbox"/> Dorsum Pad (sewn in)	
<b>Malleolus Pad</b> (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	
<b>Prepaid Reduction Option</b>	
<input type="checkbox"/> Hip Hugger Full Leg (AK)	
<input type="checkbox"/> Hip Hugger (DK)	
<input type="checkbox"/> AD Leg(s)	

Dycem® is a registered trademark of Dycem Ltd.

No Charge Options	
<input type="checkbox"/>	<b>Standard:</b> end with top of toes uncovered, cover bottom of toes
<input type="checkbox"/>	<b>Cover to tips of toes, top and bottom</b> (with separate AD or Full Leg Hip Hugger)
<input type="checkbox"/>	<b>End garment at base of toes, top and bottom</b>
<input type="checkbox"/>	<b>2 Blend Foam</b> (Low ILD)
<b>Channeling:</b> <input type="checkbox"/> towards inguinal region <input type="checkbox"/> circumventing inguinal region (default)	

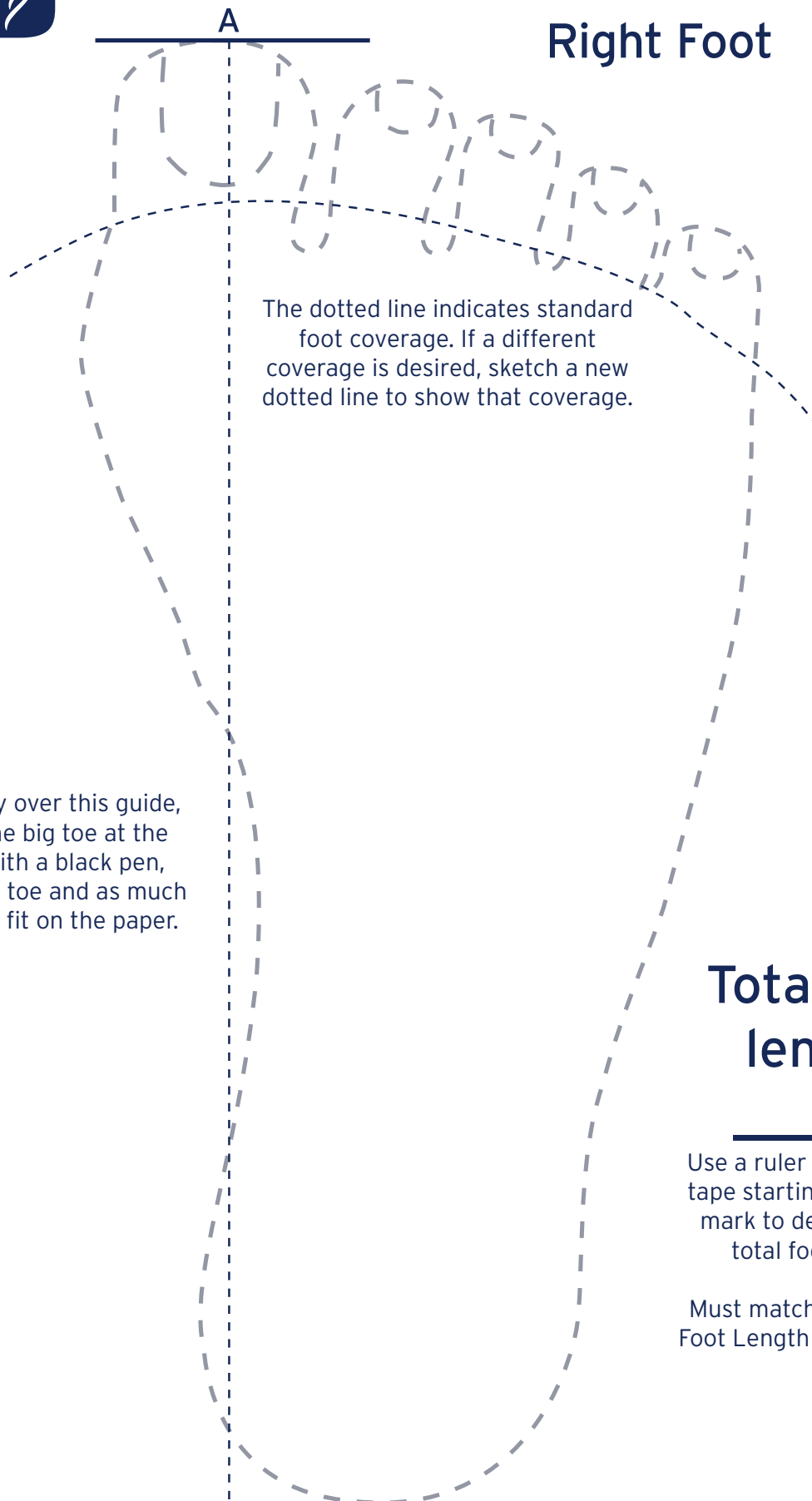
- Pictures are needed if the patient has lobules, is over-sized or has some other issue. Please send pictures (no patient faces) to [info.jovipak@essity.com](mailto:info.jovipak@essity.com).
- If ordering additional leg garments, please include foot tracings.

Comments:
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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.

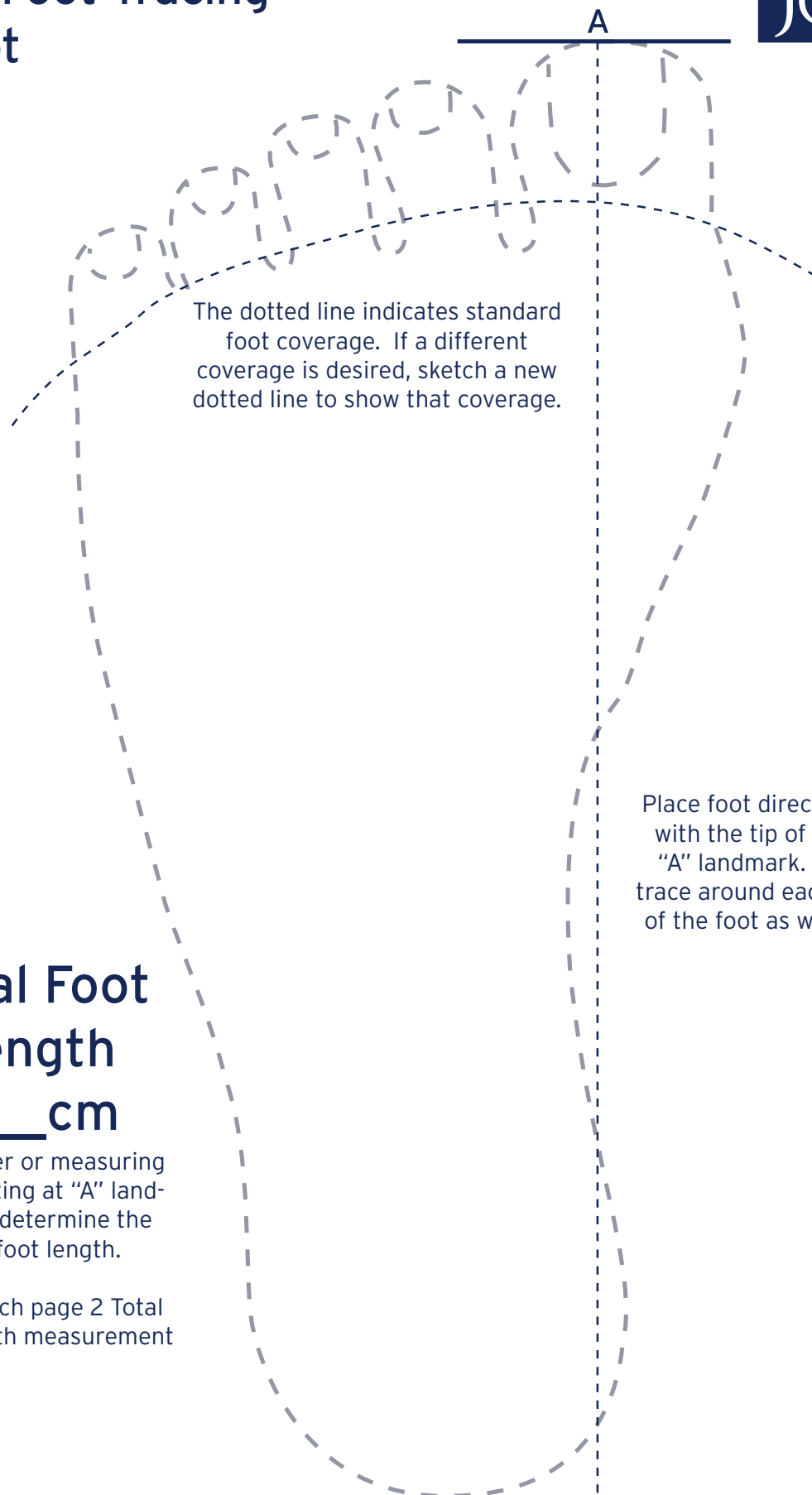
**Total foot  
length**  
**\_\_\_\_\_cm**

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



**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 # \_\_\_\_\_