



# Vests Custom

**TO ORDER:**  
Email: [info.jovipak@essity.com](mailto: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



Vest with optional Full Padding  
(shown with vertical & horizontal  
padding options for illustration)



Vest with JoViJacket

Organic Cotton & Spandex Colors			
	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Ivory	
JoViJacket - Nylon & Spandex Powernet			
	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: \_\_\_\_\_

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



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jobst-usa.com

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Patient Name: \_\_\_\_\_

Previous Patient?  Yes      Gender:  F  M

Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\*Height and weight are required.

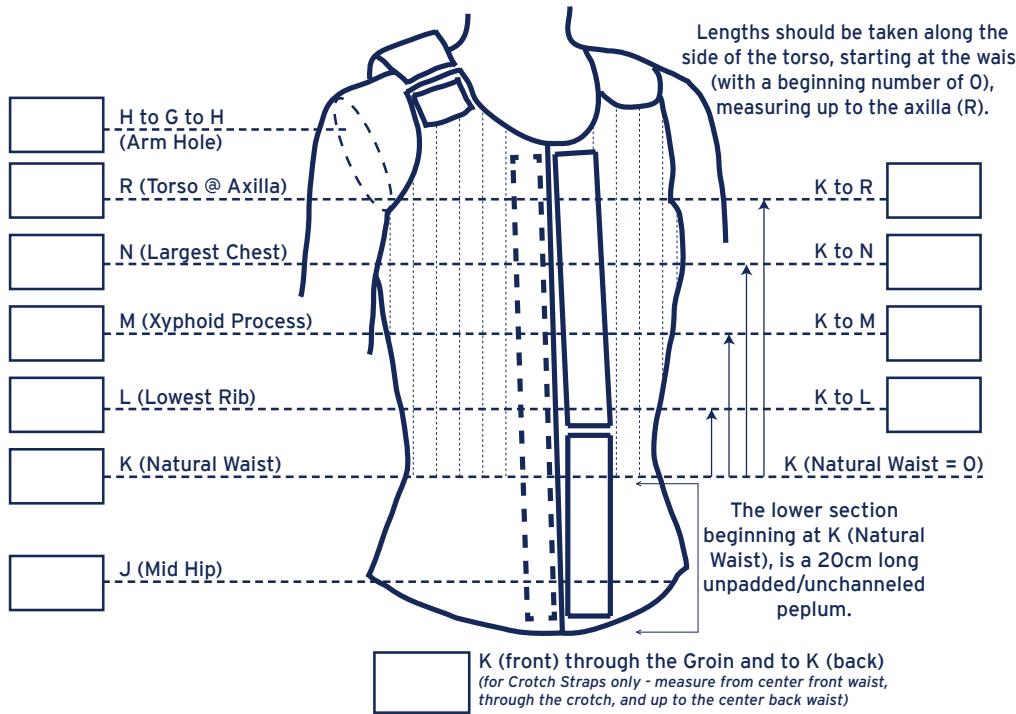
Must select one:    Mastectomy     Left  Right

Reconstruction     Left  Right

Lumpectomy     Left  Right

## Circumference

Please record all measurements  
in centimeters  
All measurements are required.



## Lengths

### Additional Charge Options

**Padded Insert**  
(equalizes pressure over mastectomy site)

Color:  Black  Buff  
Size:  Small (A/B)  Medium (C)  Large (D)  XLarge (DD/E)

Crotch Strap

(helps to keep garment in place for patients with larger abdomens (additional measurements required))

Prepaid Reduction

Full Vertical Padding to natural waist - plenum included

### No Charge Options

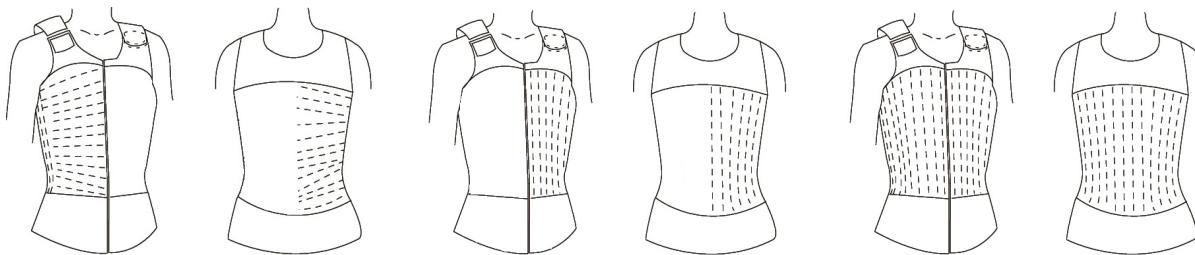
Slimline (more channels and less foam)

Two Blend Foam (Low ILD)

End garment at waist (no plenum)

• 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.

## Channeling Options



Half Padding Horizontal  
 Left  Right

Half Padding Vertical  
 Left  Right

Bilateral Vertical  
(additional charge)

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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