



Busti Custom

FAX COMPLETED FORM TO 1-877-760-4943

PAYMENT INFORMATION				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date		Patient Name	
Card #		Fax Confirmation #			
Name on Card				Email Confirmation	
BILLING ADDRESS			SHIPPING ADDRESS		
			<input type="checkbox"/> Same as Billing Address		
Business Name		Business Name			
Address		Address			
Attention		Attention			
City		State		City	
Phone		Zip		Phone	
ORDER SPECIFICATIONS					
<input type="checkbox"/> Quote Only		<input type="checkbox"/> Quote & Proceed		<input type="checkbox"/> Dealer Pricing	
				<input type="checkbox"/> MSRP	
RUSH OPTION <input type="checkbox"/> Additional 25% charge for 3 business day production period					
SHIPPING <i>Shipping rates may vary, depending on services requested and/or rates charged by carrier.</i>					
<input type="checkbox"/> FedEx® (2 day shipping) \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)		<input type="checkbox"/> Check if shipping to a residence		<input type="checkbox"/> USPS Priority Mail Flat Rate® Small or Medium box For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)	



Custom Busti



Custom Busti (posterior)

Polartec® Power Dry® Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> French Blue	<input type="checkbox"/> Glacier Blue
<input type="checkbox"/> Leaf Green (X-Static®)	<input type="checkbox"/> Navy Blue
<input type="checkbox"/> Pink	<input type="checkbox"/> Plum
<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Stainless Steel
<input type="checkbox"/> White (soft pink hue)	

JoViJacket - Nylon & Spandex Powernet	
<input type="checkbox"/> Black	<input type="checkbox"/> White (JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)

Fitter/Therapist Name: _____ Phone: _____

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at www.jovipak.com



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Patient Name: _____ Previous Patient? Yes No

Height: _____ Weight: _____ Birthdate: _____ Cup Size: _____

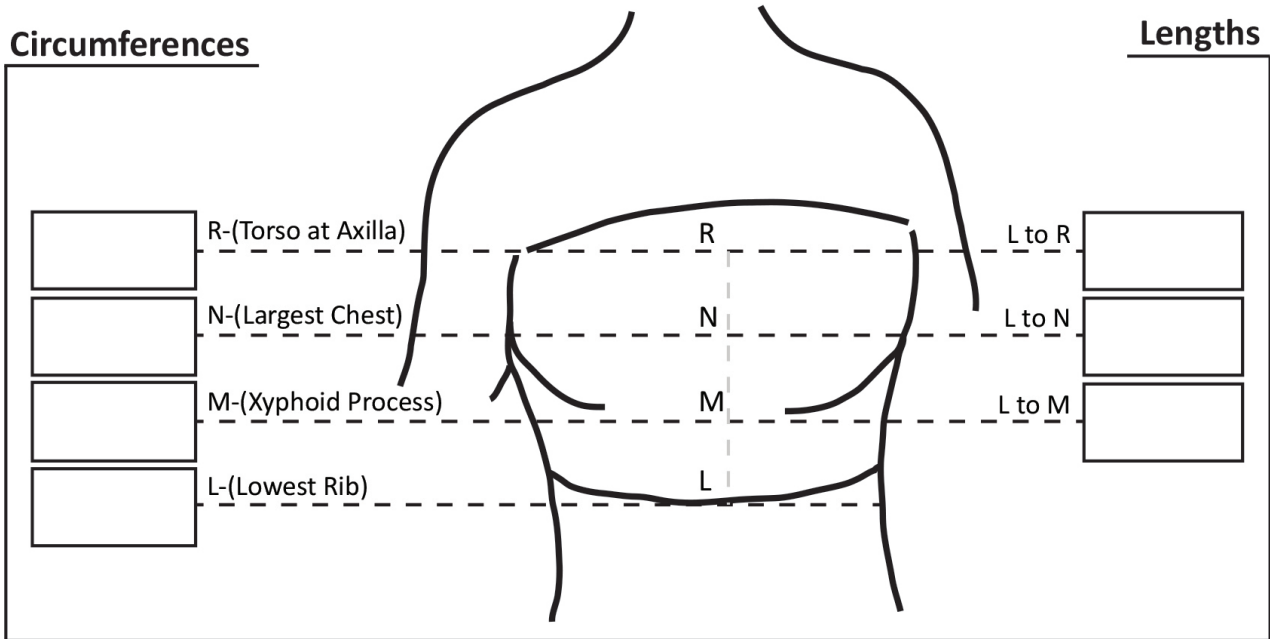
Lumpectomy Left Right Reconstruction Left Right

Bustis are produced with **Slimline** channeling (more channels and less foam than standard channeling).

Please record all measurements in centimeters.

Circumferences

Lengths



The Busti is most appropriate for lumpectomy patients. Mastectomy patients would be better served with a Custom Vest.

No Charge Options	
<input type="checkbox"/>	Two Blend Foam (Low ILD)

Additional Charge Options	
<input type="checkbox"/>	Prepaid Reduction

*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.com.*

Comments:

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