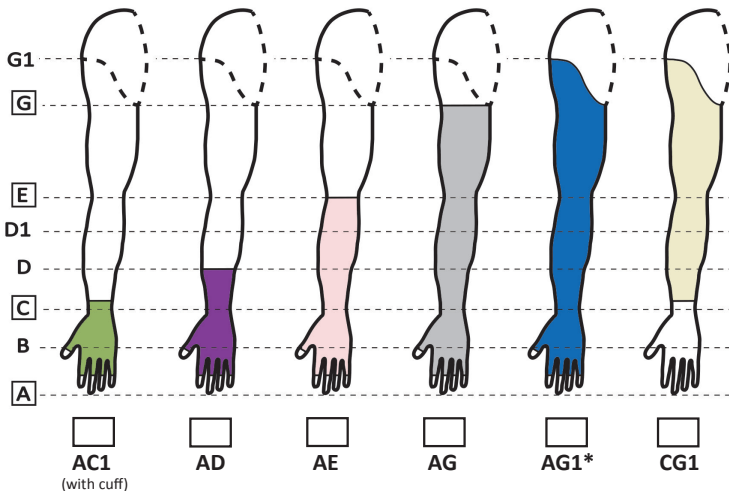


PAYMENT INFORMATION				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date		Patient Name	
Card #				Fax Confirmation #	
Name on Card				Email Confirmation	
BILLING ADDRESS				SHIPPING ADDRESS	
				<input type="checkbox"/> 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.)	



*May be ordered as at two piece garment (separate hand)

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)	
Polartec® Silkweight Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue Ridge	
Organic Cotton & Spandex Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory	<input type="checkbox"/> Royal Blue
Techsheen Colors (for the Combi Arm Sleeve only)		
<input type="checkbox"/> Black	<input type="checkbox"/> Buff	
SUPER Powernet Colors (for the InnaSleeve only)		
<input type="checkbox"/> Black	<input type="checkbox"/> Buff	

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

Arm Sleeves Custom

FAX COMPLETED FORM TO 1-877-760-4943

Patient Name: _____ Previous Patient? Yes No
 Height: _____ Weight: _____ Birthdate: _____ Primary (congenital) or Secondary Lymphedema
(if no selection is made, JoViPak will default to Secondary Lymphedema)

Measure extended arm in relaxed position, palm up.

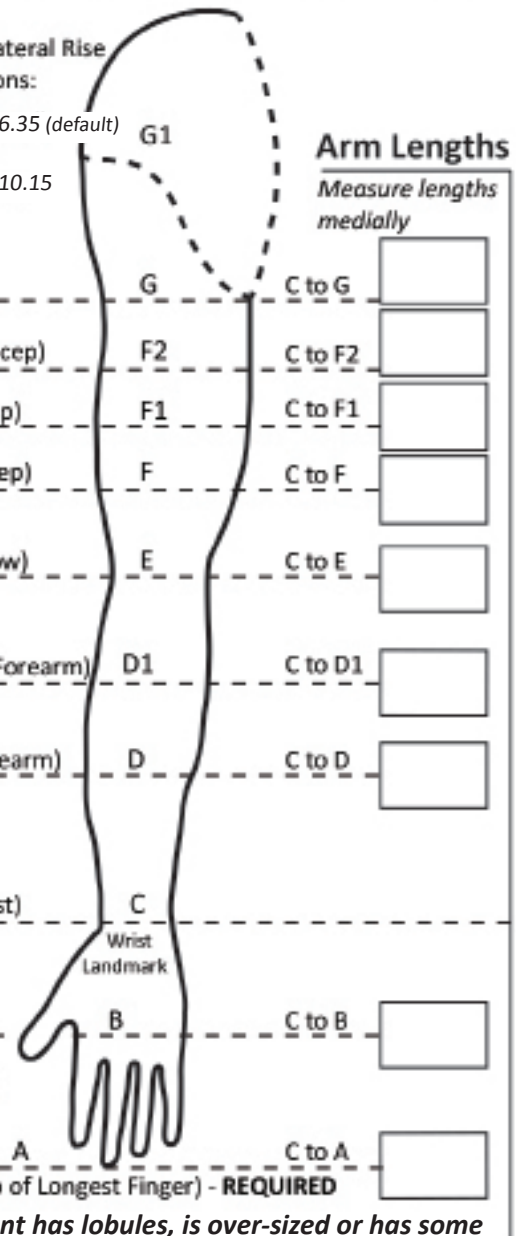
Please record measurements in centimeters.

Circumference

Left	Right			
<input type="text"/>	<input type="text"/>	G-(Axilla)	G	C to G <input type="text"/>
<input type="text"/>	<input type="text"/>	F2-(Upper Bicep)	F2	C to F2 <input type="text"/>
<input type="text"/>	<input type="text"/>	F1-(Mid Bicep)	F1	C to F1 <input type="text"/>
<input type="text"/>	<input type="text"/>	F-(Lower Bicep)	F	C to F <input type="text"/>
<input type="text"/>	<input type="text"/>	E-(Least Elbow)	E	C to E <input type="text"/>
<input type="text"/>	<input type="text"/>	D1-(Widest Forearm)	D1	C to D1 <input type="text"/>
<input type="text"/>	<input type="text"/>	D-(Distal Forearm)	D	C to D <input type="text"/>
<input type="text"/>	<input type="text"/>	C-(Least Wrist)	C	
<input type="text"/>	<input type="text"/>	B-(Palm at Web Space) Do not include thumb.	B	C to B <input type="text"/>
<input type="text"/>	<input type="text"/>	A (Tip of Longest Finger) - REQUIRED	A	C to A <input type="text"/>

G1 Lateral Rise Options:
 6.35 (default)
 10.15

Arm Lengths
 Measure lengths medially



Styles

Standard Arm Sleeve (AC1 to AG1)

Combi Arm Sleeve (AG1 - for daytime use only; can pair with JOBST Box Finger Glove for additional compression) (has nylon & spandex Techsheen outer covering)

InnaSleeve (AG - Organic Cotton & Spandex with attached SUPER Powernet JoViJacket)

No Charge Options

Slimline (more channels and less foam than standard channeling)

Snug Fit (0.3cm smaller at wrist & 1.2cm smaller at axilla)

Cover to base of fingers

Cover fingers completely

Two Blend Foam (Low ILD)

Combi Style Thumb (no thumb coverage)

Additional Charge Options

JoViJacket Black White
(JoViJackets are recommended as they provide the additional compression needed for maximum fit and effectiveness.)

Stitched Finger Glove

Pad - Dorsum (sewn in; provides additional pressure on dorsum)

Palm Pad (sewn in; equalizes pressure in palm area)

Two Piece Arm Sleeve (AG1 - separate hand; JoViJacket will match garment)

Zipper - dorsum to mid-forearm

Zipper - elbow to axilla

Zipper - wrist to elbow

Dycem® - donning aid

Easy-Slide - donning aid (for garments without a Stitched Finger Glove)

Prepaid Reduction Option

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: _____

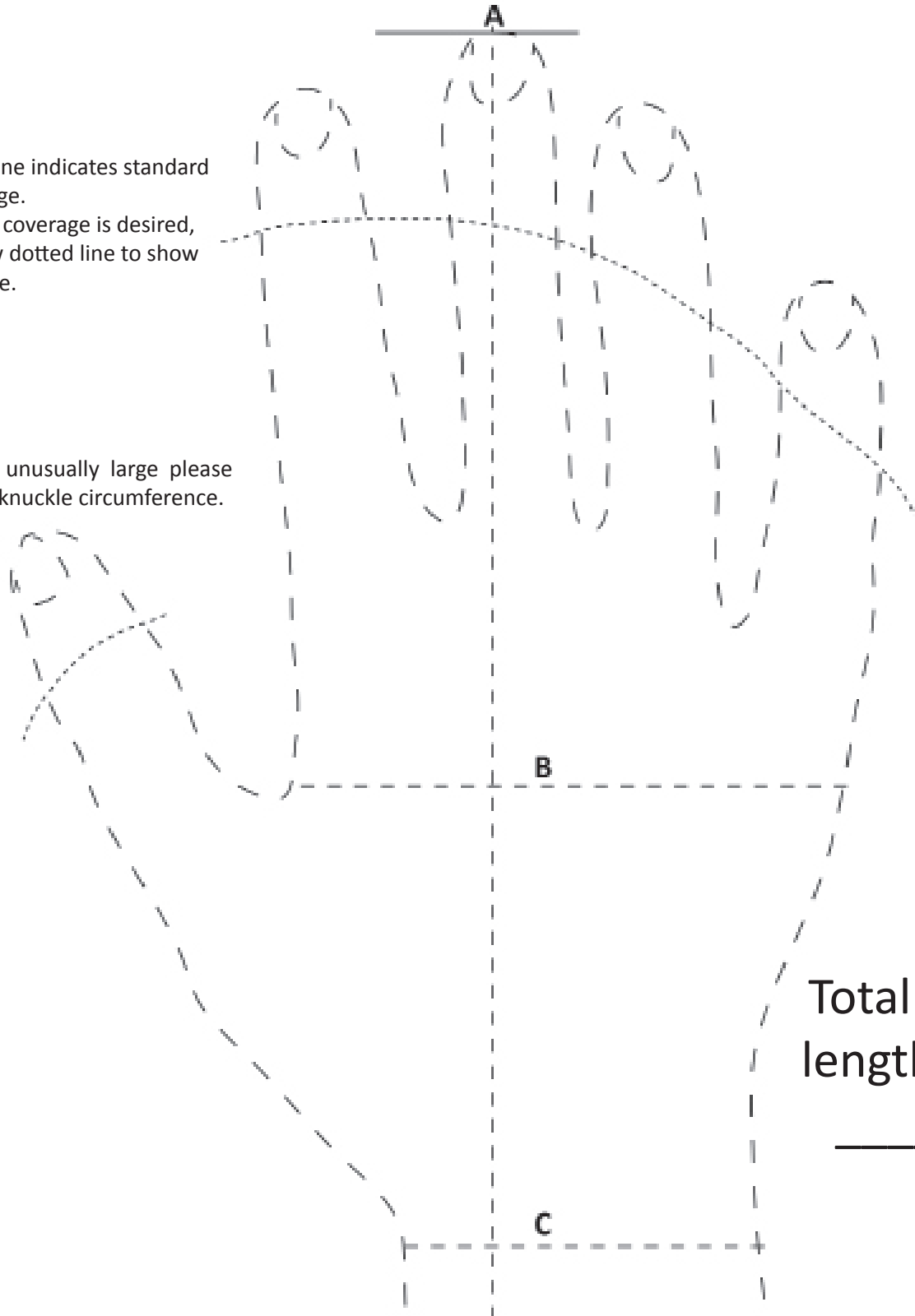
Fitter/Therapist Name: _____ Phone: _____

Custom Hand Tracing Right Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

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

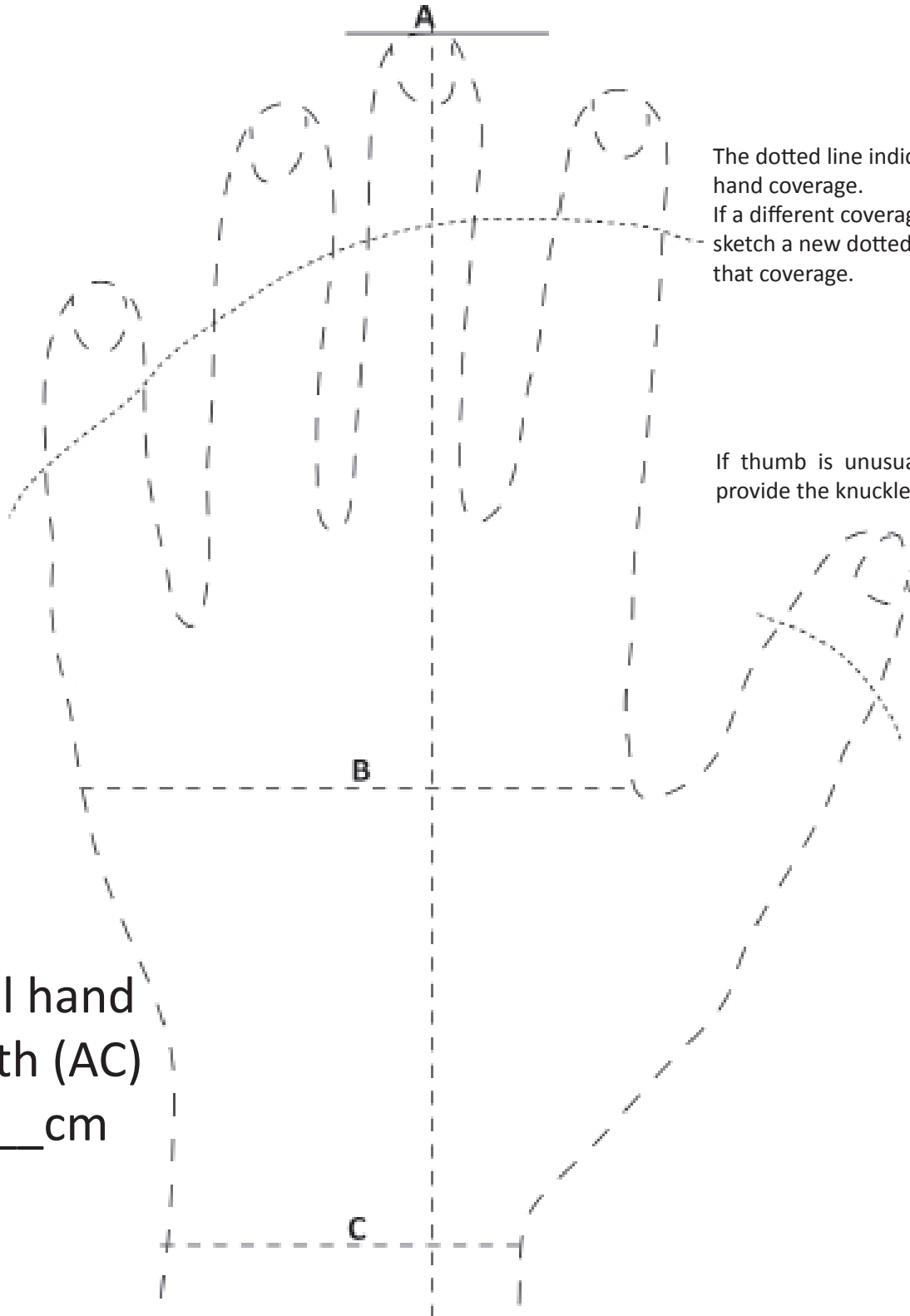
If thumb is unusually large please provide the knuckle circumference.



Total hand length (AC)
_____ cm

Custom Hand Tracing Left Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.



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

If thumb is unusually large please provide the knuckle circumference.

Total hand length (AC)
_____ cm