



# Shoulder-Torso Arm Sleeves Custom

FAX COMPLETED FORM TO 1-877-760-4943

<b>PAYMENT INFORMATION</b>				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date <input type="text"/> / <input type="text"/>		Patient Name	
Card #				Fax Confirmation #	
Name on Card				Email Confirmation	
<b>BILLING ADDRESS</b>			<b>SHIPPING ADDRESS</b> <input type="checkbox"/> Same as Billing Address		
Business Name				Business Name	
Address				Address	
Attention				Attention	
City		State		City	
Phone		Zip		Phone	
<b>ORDER SPECIFICATIONS</b>					
<input type="checkbox"/> Quote Only		<input type="checkbox"/> Quote & Proceed		<input type="checkbox"/> Dealer Pricing	
				<input type="checkbox"/> MSRP	
<b>RUSH OPTION</b> <input type="checkbox"/> Additional 25% charge for 3 business day production period					
<b>SHIPPING</b> <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.)	



Standard Two Piece Arm Sleeve with optional Bilateral Arms, Padded Torso, Arm Sling & Dorsum Zipper



Optional Padded Torso & One Piece Arm Sleeve



Standard unpadded torso with One Piece Arm Sleeve & recommended JoViJacket

Garments are produced with **Slimline** channeling (more channels & less foam than standard channeling) & as a **Two Piece** garment (separate hand). If a Jovijacket is selected, it will also be Two Piece.

<b>Polartec® Power Dry® Colors</b>		
<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)	
<b>Polartec® Silkweight Colors</b>		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue Ridge	

Comments: \_\_\_\_\_

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

Questions? Call us at 1-866-888-5684 or email to [info@jovipak.com](mailto:info@jovipak.com)

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at [www.jovipak.com](http://www.jovipak.com)



# Shoulder-Torso Arm Sleeves Custom

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Patient Name: \_\_\_\_\_ Previous Patient?  Yes Gender  F  M  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Left Arm  Right Arm  
 Mastectomy  Left  Right Lumpectomy  Left  Right Reconstruction  Left  Right

<b>BODY</b>		<b>ARM</b>
SS (Neck Line @ Shoulder Seam) SS <input type="text"/> SS to H (Length: Neck Line to Tip of Acromiom Process)		
Please record all measurements in centimeters.		
<b>Circumferences</b> H to G to H (Arm Hole) <input type="text"/> G (Torso @ Axilla) <input type="text"/> N (Largest Chest) <input type="text"/> M (Xyphoid Process) <input type="text"/> L (Lowest Rib) <input type="text"/> <i>(Recommended Length)</i> K (Natural Waist) <input type="text"/>		<b>Lengths (Medial)</b> <input type="text"/> C to H <input type="text"/> C to G <input type="text"/> C to F <sup>2</sup> <input type="text"/> C to F <sup>1</sup> <input type="text"/> C to F <input type="text"/> C to E <input type="text"/> C to D <sup>1</sup> <input type="text"/> C to D <input type="text"/> C to B <input type="text"/> C to A
G to N <input type="text"/>		
Garments are produced with Slimline channeling (more channels & less foam than standard channeling) and as a Two Piece garment (separate hand). 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.		
<b>Body Lengths (both required)</b> G to L (Base of Axilla to Lowest Rib) OR G to K (Base of Axilla to Natural Waist) <i>(circle which is being provided)</i> <input type="text"/> H to L (Shoulder to Lowest Rib) OR H to K (Shoulder to Natural Waist) <i>(circle which is being provided)</i> <input type="text"/>		

**No Charge Options**

Two Blend Foam (Low ILD)
  One Piece Arm Sleeve (JoViJacket will also be One Piece)

**Additional Charge Options**

<b>JoViJacket - Nylon &amp; Spandex Powernet</b> <input type="checkbox"/> Black <input type="checkbox"/> White <i>(JoViJackets are recommended as additional compression is needed for maximum fit &amp; effectiveness.)</i> <b>Arm Sling</b> <input type="checkbox"/> Garment <input type="checkbox"/> JoViJacket <input type="checkbox"/> <b>Stitched Finger Glove</b> <b>Pad (sewn in)</b> <input type="checkbox"/> Dorsum <input type="checkbox"/> Palm <b>Torso Extension Padding</b> <input type="checkbox"/> Horizontal Channels <input type="checkbox"/> Vertical Channels <b>Zipper</b> <input type="checkbox"/> Dorsum to mid-forearm <input type="checkbox"/> Wrist to elbow	<b>Padded Insert</b> <i>(equalizes pressure over mastectomy site)</i> Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff Size: <input type="checkbox"/> Small (A/B) <input type="checkbox"/> Large (D) <input type="checkbox"/> Medium (C) <input type="checkbox"/> XLarge (DD/E) <input type="checkbox"/> <b>Dycem</b> <input type="checkbox"/> <b>Easy Slide</b> <i>(for garment without Stitched Finger Glove)</i> <input type="checkbox"/> <b>Prepaid Reduction</b>
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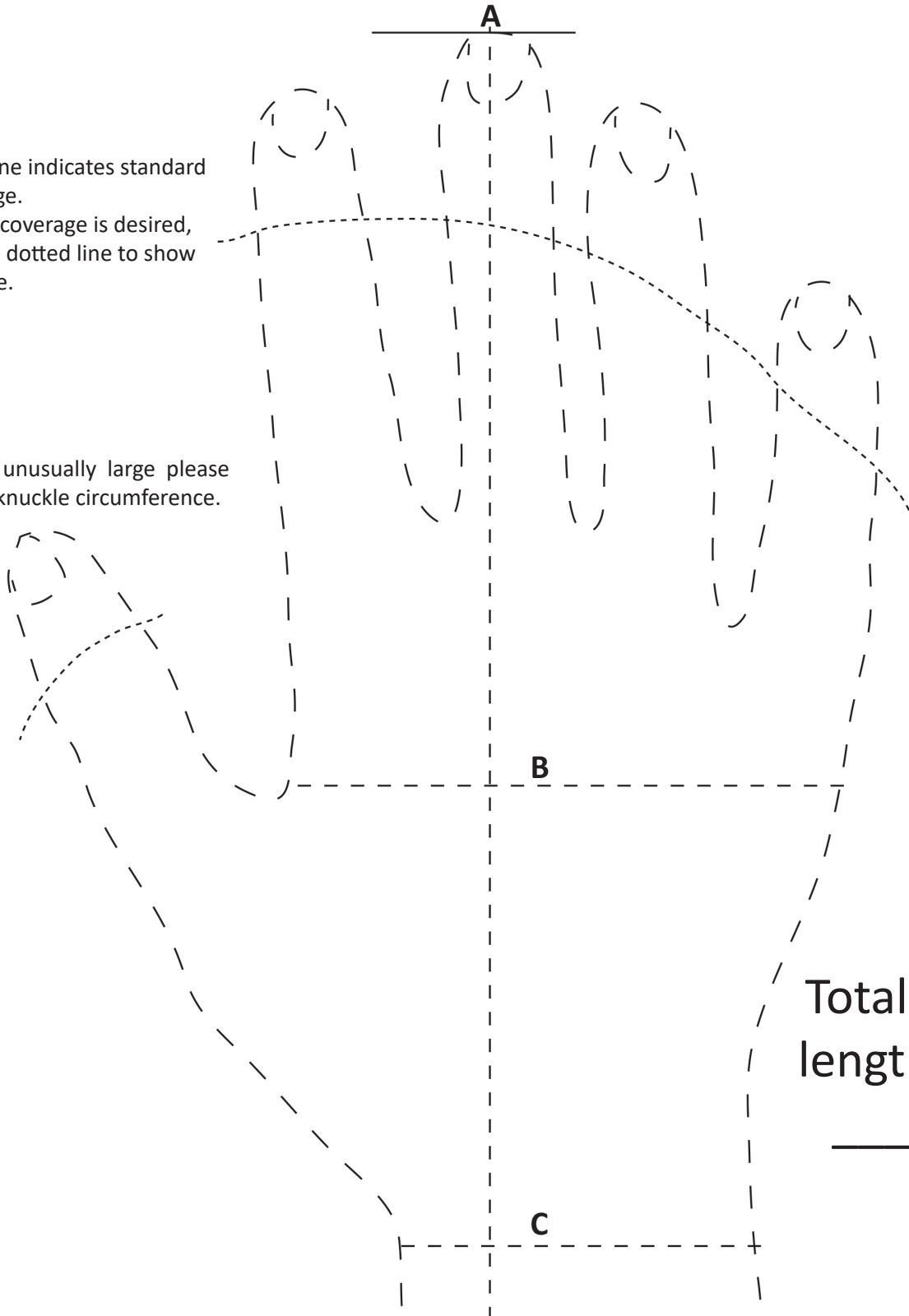
Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Revised 10/2018

# 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.

