



# Legs Custom

FAX COMPLETED FORM TO 1-877-760-4943

## JoViPak

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)

### PAYMENT INFORMATION

Account # <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

Same as Billing Address

Business Name	Business Name
Address	Address
Attention	Attention
City State	City State
Phone Zip	Phone Zip

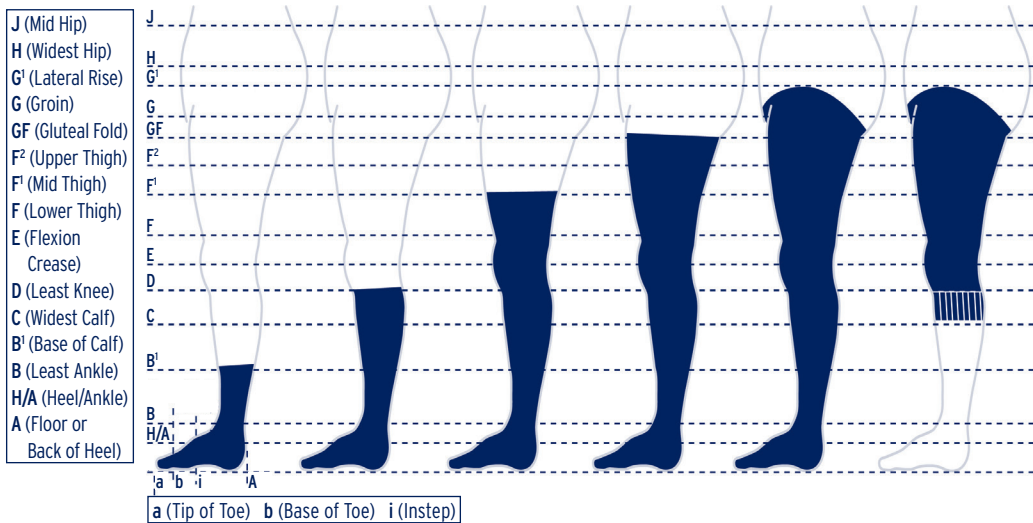
### ORDER SPECIFICATIONS

Quote Only  Quote & Proceed

**RUSH OPTION**  Additional 25% charge for 3 business day production period

**SHIPPING** Shipping rates may vary, depending on services requested and/or rates charged by carrier

FedEx® (2 day shipping)  Check if shipping to a residence \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)



### Polartec® Power Dry® Colors

<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Pink
<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	

### Organic Cotton

<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	

### SUPER Powernet Colors (InnaBoot only)

<input type="checkbox"/> Black	<input type="checkbox"/> Buff
--------------------------------	-------------------------------

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

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



JOBST®, an Essity brand



/JOBSTUSA



@JOBST\_USA



@JOBSTforUSA



jobst-usa.com

BSN Medical Inc., an Essity company  
5825 Carnegie Blvd., Charlotte, NC 28209-4633

63676 R1 ©2020 BSN Medical Inc. D20



JoViPak

# Legs Custom

FAX COMPLETED FORM TO 1-877-760-4943

Please record measurements in centimeters.

**Circumference**

Left	Right
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Leg Lengths**

Measure Lengths medially

**G1 Lateral Rise Options:**  
 7.6 cm     12.7 cm (default)

Measurements: G (Top of Thigh), F' (Mid Thigh), F (Lower Thigh), E (Patella), D (Below Knee), C (Widest Calf), B' (Below Calf), B (Smallest Ankle), Y (Heel / Ankle), a (Base of Toe), i (Instep), b (Base of little toe)

Measurements: A to G, A to F', A to F, A to E, A to D, A to C, A to B', A to B, A-i (Heel to instep), A-b (Heel to base of toe), A-a (Total Foot Length)

**Styles**

Standard Leg Garment (AD to AG1)

ADVI (AD)

InnaBoot  AD  AG  
(Organic Cotton with SUPER Powernet JoViJacket)

**No Charge Options**

Cover to tips of toes

2 Blend Foam (Low ILD)

**Additional Charge Options**

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

Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in)  Black  White

Zipper - ankle to knee

Zipper - knee to groin

ADVI Foot Style

Donning Loops

Pull Tabs (InnaBoots only)

Dycem® - donning aid

Arion Easy-Slide - donning aid

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.

Dycem® is a registered trademark of Dycem Ltd.



## Arion Easy-Slide

- The user-friendly donning aid for open toe compression stockings and tights
- The lightweight, smooth material provides ease of donning/application

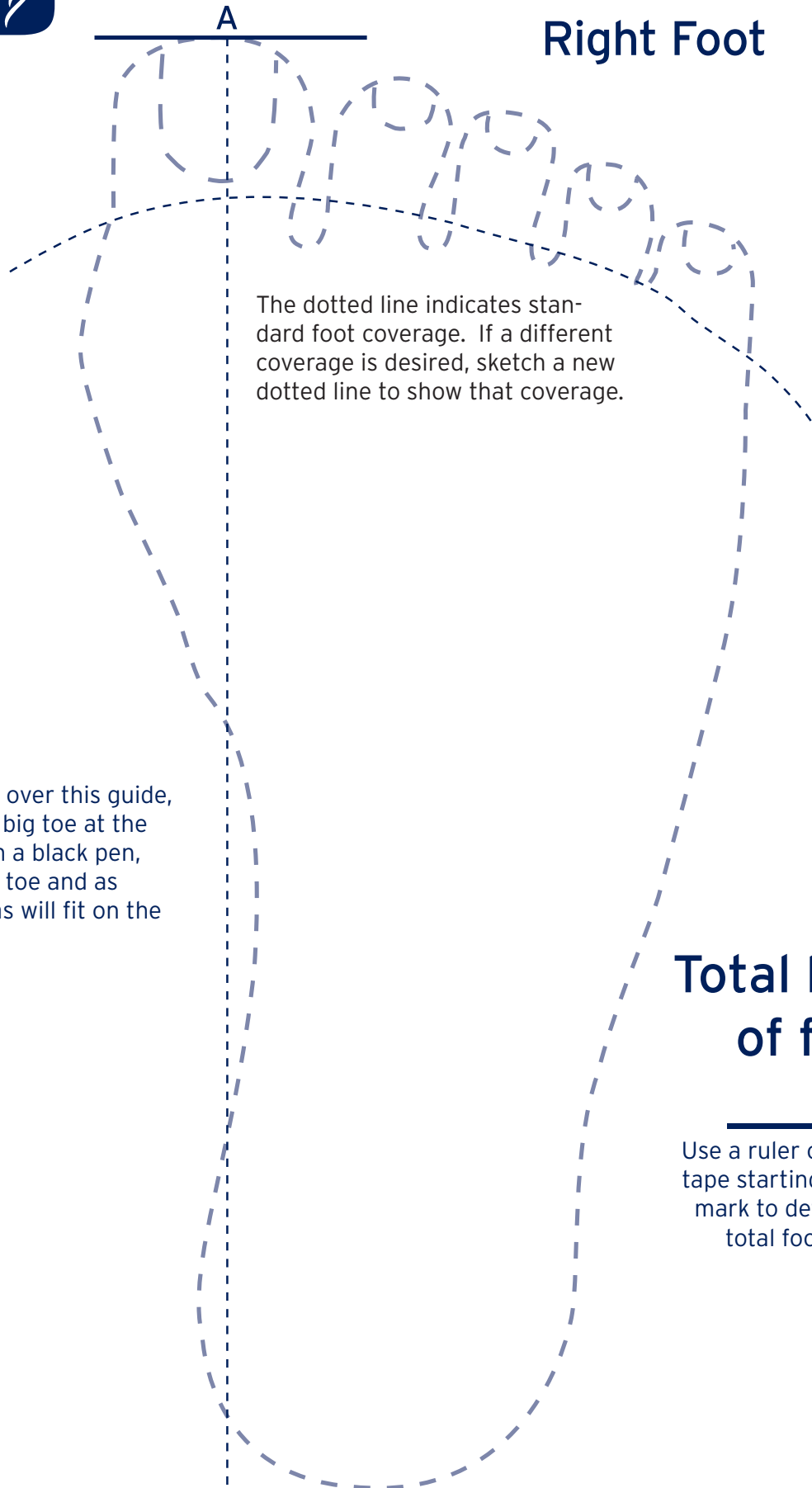
Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5-5.5	7965804	1	
Medium	6-8	7965802	1	
Large	8.5-11	7965902	1	
X-Large	≥ 11.5	7966001	1	

Comments:

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

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

# Custom Foot Tracing Right Foot



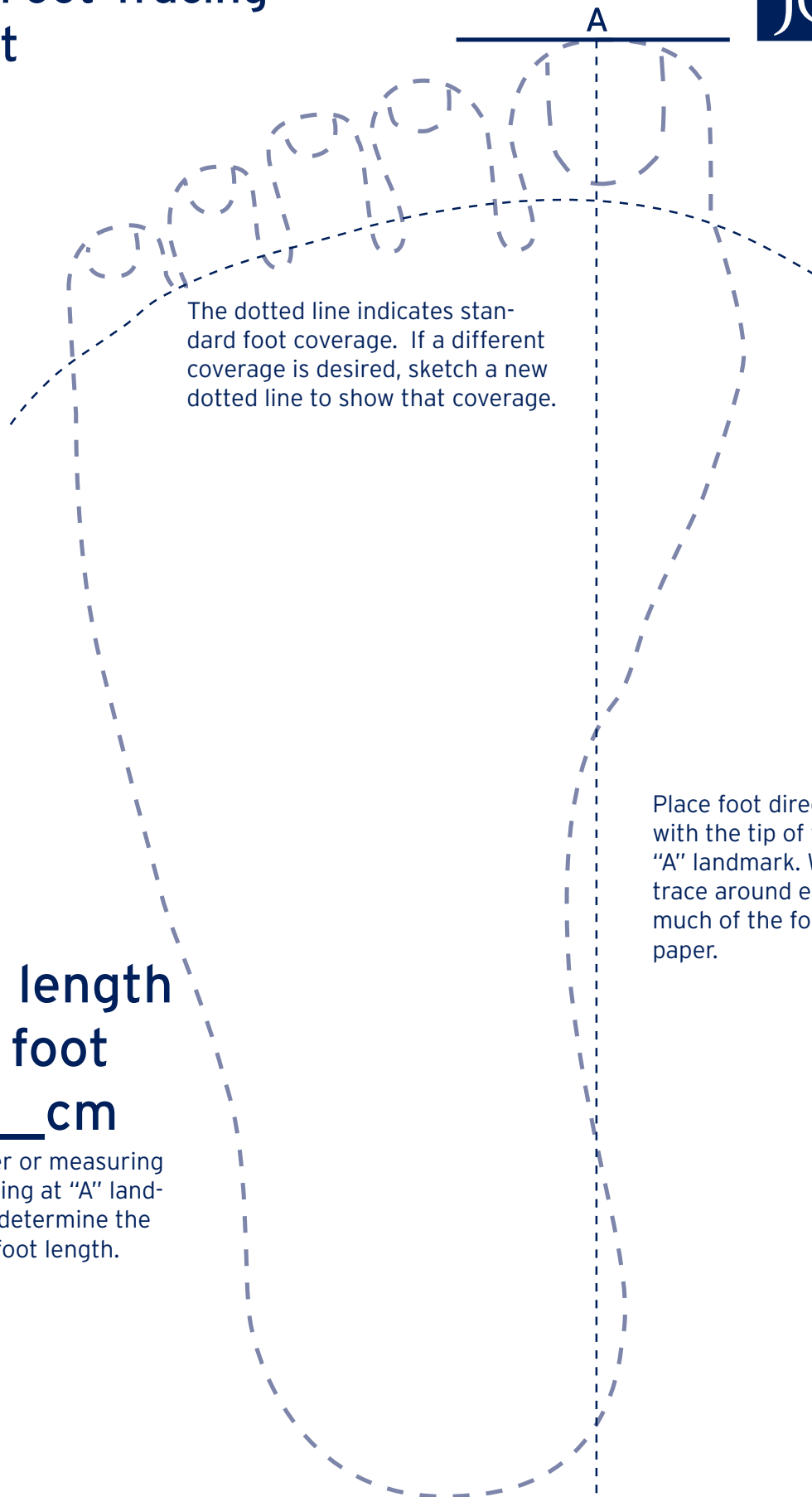
Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

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

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

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

# Custom Foot Tracing Left Foot



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

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.

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

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Patient Name or Reference # \_\_\_\_\_