

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

### PAYMENT INFORMATION

Account # <small>(Required)</small>	<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	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

### ORDER SPECIFICATIONS

Quote  Order

### FREE STANDARD SHIPPING



Custom Busti



Custom Busti (posterior)

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	

JoViJacket - Nylon & Spandex Powernet	
<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

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

Previous Patient?  Yes  No

Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cup Size: \_\_\_\_\_

\*Height and weight are required.

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  
All measurements are required.

**Circumferences**

R (Torso @ Axilla)

N (Largest Chest)

M (Xyphoid Process)

L (Lowest Rib)

**Lengths**

L to R

L to N

L to M

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

**No Charge Options**

2 Blend Foam (*Low ILD*)

**Additional Charge Options**

Prepaid Reduction

**Comments:**

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

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