JOBST JoViPak

Hip Huggers Custom

Patient Name: _____

PAYMENT INFORMATION

Account # (Required)	☐ Bill to Account	Date
☐ Charge Credit Card	[ ] [ ] 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

[ ] **Hip Hugger (DK)**

[ ] **Hip Hugger Full Leg (AK)**

Organic Cotton
☐ Black
☐ Ivory
☐ Royal Blue

JoViJacket
☐ Black   ☐ White

(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

Comments:

Fitter/Therapist Name: _____   Phone: _____   Email: _____

JOBST
JoViPak

Hip Huggers Custom

Patient Name:_____   Previous Patient? ☐ Yes   Gender: ☐ F ☐ M

Height*:_____   Weight*:_____   Birthdate: _____
*Height and weight are required.

Circumference

Please record all measurements in centimeters
All measurements are required.

Leg Lengths

☐	K (Natural Waist)	K ... A to K ☐
☐	K¹ to G to K²	
☐	J (Mid Hip)	J ... A to J ☐
☐	H (Widest Hip)	H ... A to H ☐

Left   Right

☐	☐	G (Groin)	G ... A to G ☐
☐	☐	F² (Upper Thigh)	F² ... A to F² ☐
☐	☐	F¹ (Mid Thigh)	F¹ ... A to F¹ ☐
☐	☐	F (Lower Thigh)	F ... A to F ☐
☐	☐	E (Patella)	E ... A to E ☐
☐	☐	D (Below Knee)	D ... A to D ☐
☐	☐	C (Widest Calf)	C ... A to C ☐
☐	☐	B¹ (Base of Calf)	B¹ ... A to B¹ ☐

Medial

b-(Base of Toe)
i-(Instep)

☐	☐	B (Least Ankle)	B ... A to B ☐
☐	☐	H/A (Heel/Ankle)	H/A

a-(Tip of Toe)
i-(Instep)   a   b   i   A
b-(Base of Little Toe)

☐ A-i (Heel to Instep)

☐ A-b (Heel to Base of Toe)

☐ A-a Total Foot Length

K1 to G to K2 is measured from center front waist through the crotch up to center back waist.

Can be paired with

Custom Lower Leg (AD)
☐ Left   ☐ Right

Additional Charge Options

☐ **Donning Loops**   ☐ HH   ☐ AD

☐ **Dorsum Pad** (sewn in)

Malleolus Pad (sewn in)
☐ Medial   ☐ Lateral

☐ **Zipper** - ankle to knee

☐ **Dycem®** - donning aid

☐ **Arion Easy-Slide** - donning aid

Prepaid Reduction Option
☐ Hip Hugger Full Leg (AK)
☐ Hip Hugger (DK)
☐ AD Leg(s)

Dycem® is a registered trademark of Dycem Ltd.

No Charge Options

☐ **Standard:** end with top of toes uncovered, cover bottom of toes

☐ **Cover to tips of toes, top and bottom** (with separate AD or Full Leg Hip Hugger)

☐ **End garment at base of toes, top and bottom**

☐ **2 Blend Foam** (Low ILD)

Channeling:
☐ towards inguinal region
☐ circumventing inguinal region (default)

• 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@essity.com.
• If ordering additional leg garments, please include foot tracings.

Fitter/Therapist Name: _____   Phone: _____   Email: _____

All sales are subject to JoViPak's Return, Guarantee and Warranty policies
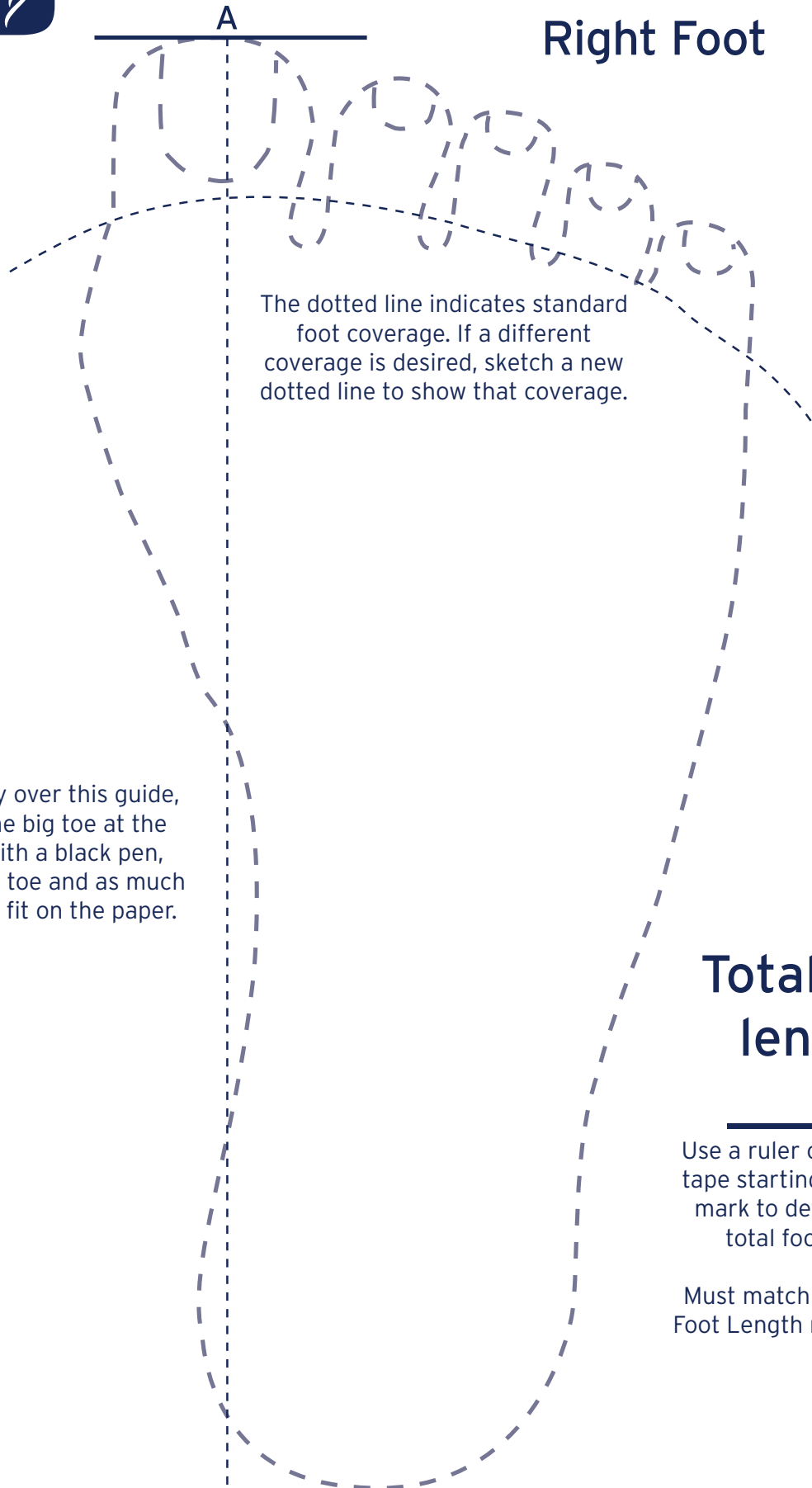
A

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.
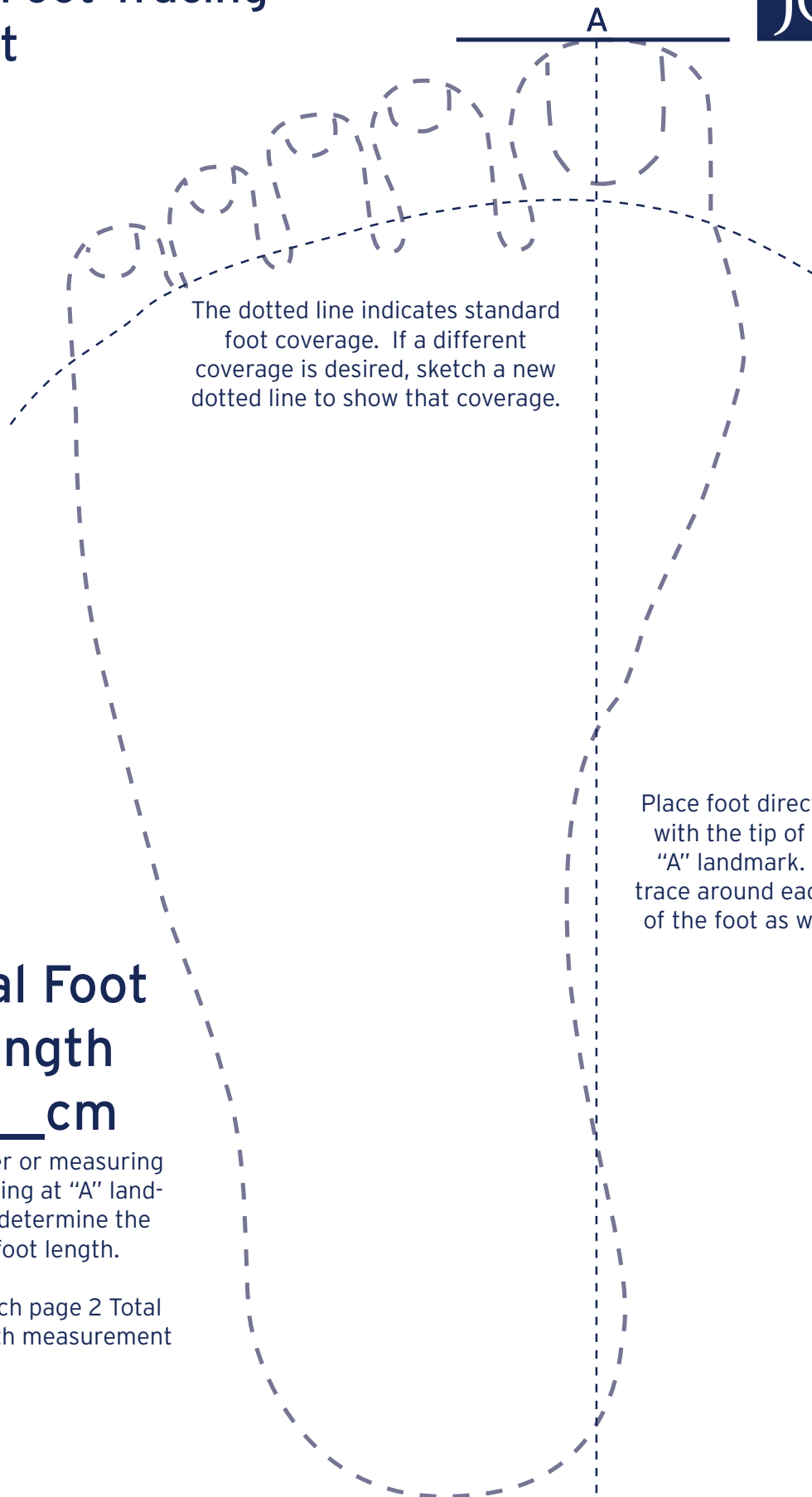
Total foot length
_____cm

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

Must match page 2 Total Foot Length measurement

Patient Name or Reference # _____

Custom Foot Tracing
Left Foot

JOBST
JoViPak

A

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 Foot Length
____cm

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

Must match page 2 Total Foot Length measurement

Patient Name or Reference # _____