

Patient Name: _____

PAYMENT INFORMATION

Account # (Required) <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 Province	City Province
Phone Postal Code	Phone Postal Code

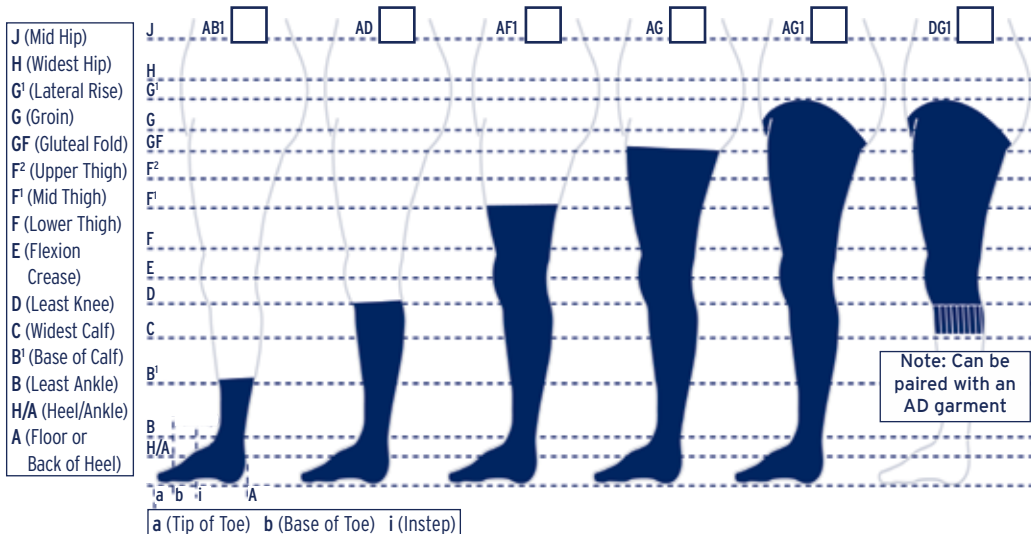
ORDER SPECIFICATIONS

Quote Order

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

\$10.00 to business addresses \$13.25 to residential addresses



Polartec® Power Dry® Colours

<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 Colours

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

SUPER Powernet Colours (InnaBoot only)

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

<input type="checkbox"/> Black	<input type="checkbox"/> White
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(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

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



Legs Custom

JoViPak

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Please record all measurements in centimeters
All measurements are required.

Circumference

Left	Right	
		G (Groin)
		F ² (Upper Thigh)
		F ¹ (Mid Thigh)
		F (Lower Thigh)
		E (Patella)
		D (Below Knee)
		C (Widest Calf)
		B' (Base of Calf)
		B (Smallest Ankle)
		Y* (Heel / Ankle)
		a (Tip of Toe)
		i (Instep)
		b (Base of Little Toe)

Leg Lengths

Measure lengths medially, straight, not contoured

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

	G	A to G
	F ²	A to F ²
	F ¹	A to F ¹
	F	A to F
	E	A to E
	D	A to D
	C	A to C
	B'	A to B'
	B	A to B
	A	
	A-i	(Heel to Instep)
	A-b	(Heel to Base of Toe)
	A-a	(Total Foot Length)

*If Y is 10 cm more than B, zipper is required.

Styles

Standard Leg Garment (AD to AG1)

AD - Quilted with zipper

InnaBoot AD AG
(Organic Cotton with SUPER Powernet JoViJacket)

Additional Charge Options

Dorsum Pad (sewn in)

Malleolus Pad (sewn in) Medial Lateral

Zipper - ankle to knee

Zipper - knee to groin

Donning Loops

Pull Tabs (InnaBoots only)

Dycem® - donning aid

Prepaid Reduction

No Charge Options

Standard: end with top of toes uncovered, cover bottom of toe

Cover to tips of toes, top and bottom

End garment at base of toes, top and bottom

2 Blend Foam (Low ILD)

Channeling:

towards inguinal region (default)

circumventing inguinal region

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.

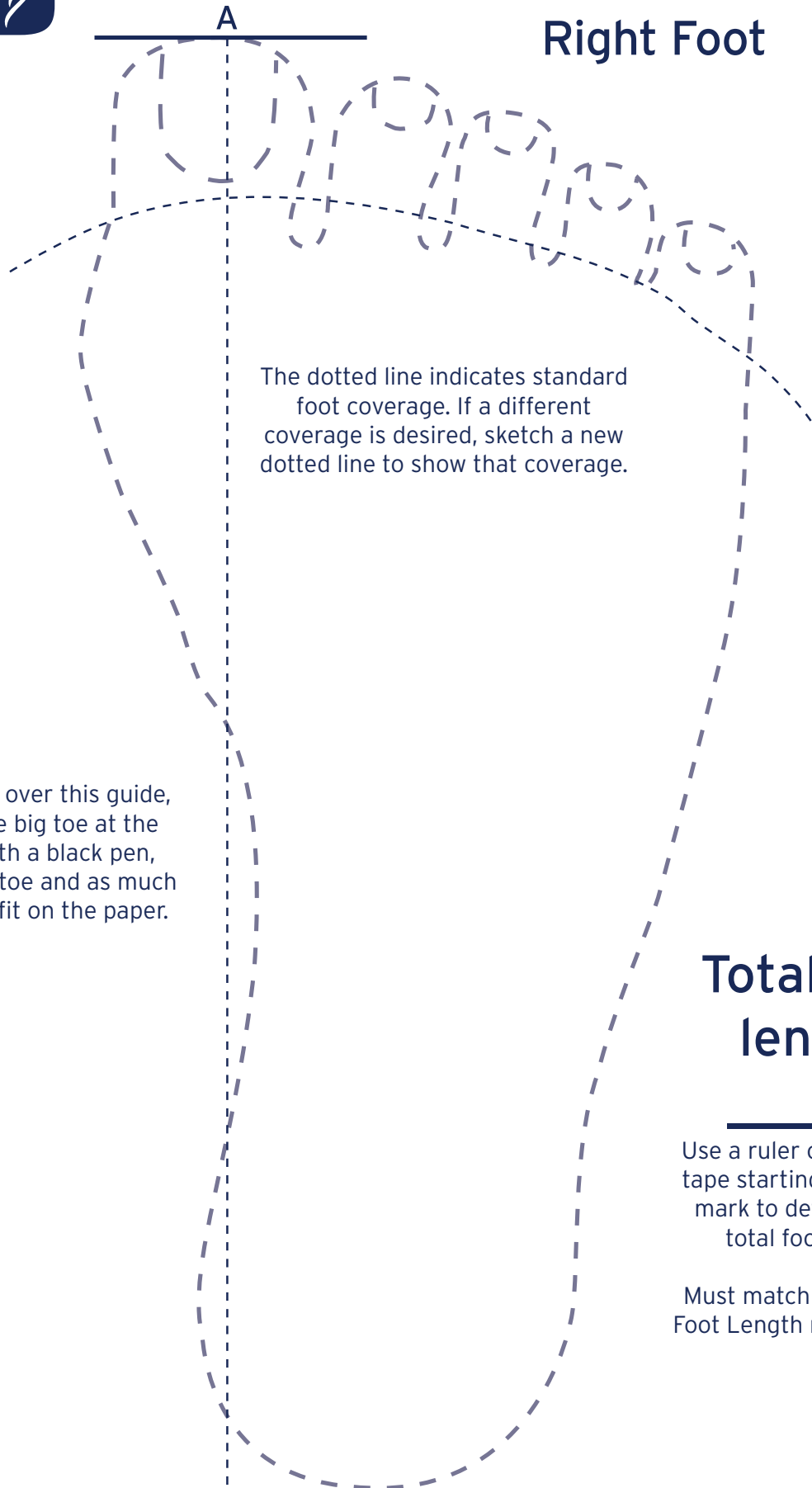
Dycem® is a registered trademark of Dycem Ltd.

Comments:

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

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

Custom Foot Tracing Right Foot



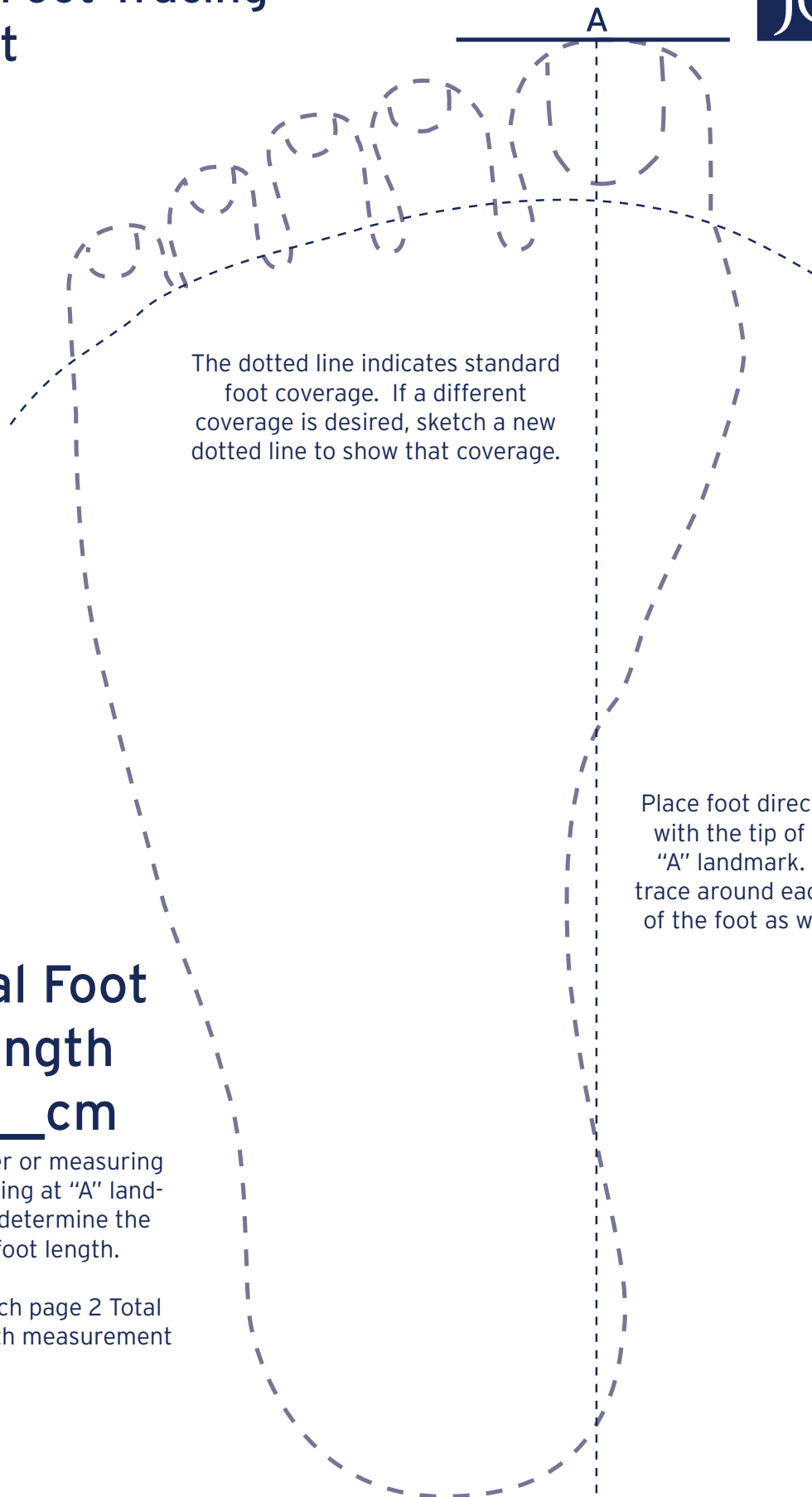
Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total foot length
_____cm

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

Must match page 2 Total Foot Length measurement

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 Foot Length
_____cm

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

Must match page 2 Total Foot Length measurement

Patient Name or Reference # _____