

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



Vest with optional Full Padding  
 (shown with vertical & horizontal padding options for illustration)



Vest with JoViJacket

#### Organic Cotton & Spandex Colors

Black  Ivory  Royal Blue

#### JoViJacket - Nylon & Spandex Powernet

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: \_\_\_\_\_

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

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

Previous Patient?  Yes Gender:  F  M

Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\*Height and weight are required.

Must select one: Mastectomy  Left  Right

Reconstruction  Left  Right

Lumpectomy  Left  Right

## Circumference

Please record all measurements in centimeters  
All measurements are required.

## Lengths

Lengths should be taken along the side of the torso, starting at the waist (with a beginning number of O), measuring up to the axilla (R).

The lower section beginning at K (Natural Waist), is a 20cm long unpadded/unchanneled peplum.

H to G to H (Arm Hole)

R (Torso @ Axilla)

N (Largest Chest)

M (Xyphoid Process)

L (Lowest Rib)

K (Natural Waist)

J (Mid Hip)

K to R

K to N

K to M

K to L

K (Natural Waist = O)

K (front) through the Groin and to K (back)  
*(for Crotch Straps only - measure from center front waist, through the crotch, and up to the center back waist)*

### Additional Charge Options

Padded Insert  
*(equalizes pressure over mastectomy site)*

Color:  Black  Buff

Size:  Small (A/B)  
 Medium (C)  
 Large (D)  
 XLarge (DD/E)

---

Crotch Strap  
*(helps to keep garment in place for patients with larger abdomens (additional measurements required))*

---

Prepaid Reduction

---

Full Vertical Padding to natural waist - peplum included

---

### No Charge Options

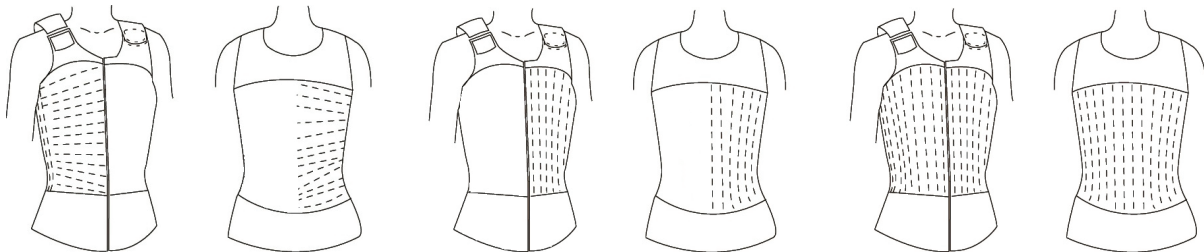
Slimline *(more channels and less foam)*

Two Blend Foam *(Low ILD)*

End garment at waist *(no peplum)*

• 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.

## Channeling Options



Half Padding Horizontal  
 Left  Right

Half Padding Vertical  
 Left  Right

Bilateral Vertical  
*(additional charge)*

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

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