

JoViPak® Alterations

Must be completed and included with any products being sent to JOBST®

Patient Name:						
ALTERATIONS: If a Custom M provided for comparison & in meet the following conditions	order to honor the					
• One no cost remake is availa	ble if return autho	rization is req	uested before	the 45th d	ay after garment delivery.	
If garment is required to be ravoid the \$25 laundering fee etc. (pinch on both sides of the sides)	e), and items must	be clearly ma	rked as to loca	ation of alte	ration, amount of alteratio	
 For alterations, ship garment 28602 Ready-to-Wear garmed discuss options. 						
ALTERATION DESIRED (add	specific notes bel	ow)				
Alter as Marked	Add Zipper		Add Gusset		Other:	
RETURN ADDRESS						
Recipient's Name						
Street Address			City			
State	Zip	Zip		Country		
Phone	Email	Email				
ADDITIONAL NOTES						





Requested by (Name): _____ Phone: _____ Email: _____



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