

Arm Sleeves Custom

TO ORDER:

Email: info.jovipak@essity.com Tel: 1-866-888-5684

Fax: 1-877-760-4943

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 SHIPPII	NG				
G1 D1 D C B AC1* AD *Can be worn with a CG1 Comments:	AE AG AG1	Black Pink Royal Blue Organic Black UBlack USVIJackets are requiryour JoVi foam garmen fit and effectiveness.)	t to ensure maximum		
Fitter/Therapist Name:	Ph	one: Ema	il:		









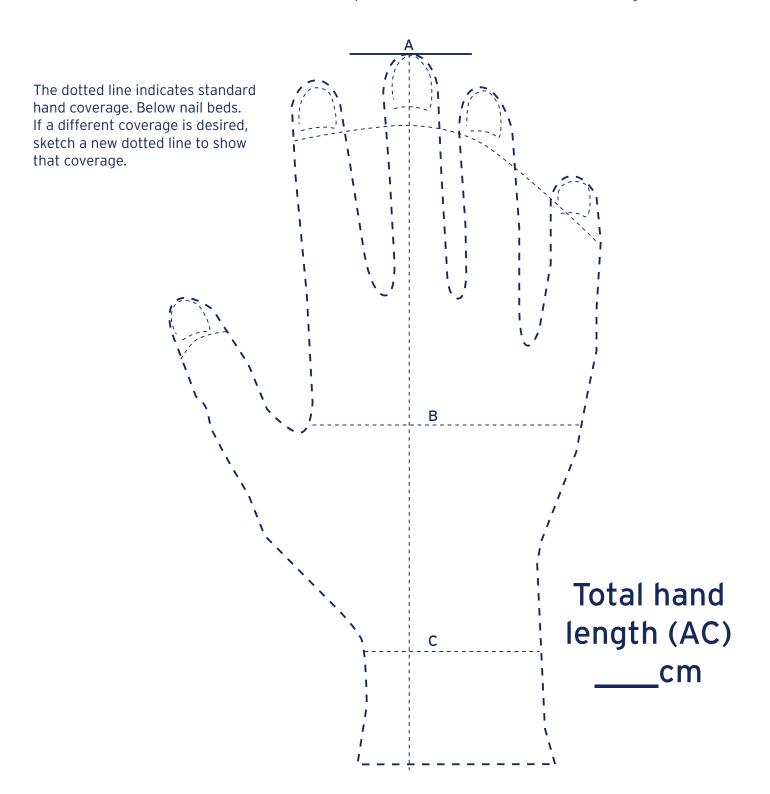
Arm Sleeves Custom

Patient Name:			Previous Patient?	Yes Gender:	□г□м	
Height*: Weight*:	Birthdate:					
*Height and weight are required.						
Measure extended arm in relaxed position, palm up Please record all measurements in centimeters All measurements are required.			Additional Charge Options Donning Loops			
G¹ Lateral Ris			Stitched Fing			
Options:		Arm Length	S Dorsum Pad	es additional pressure	on dorsum)	
Circumference (default		Measure Lengths medially Left Right	Palm Pad	zes pressure in palm a		
G (Axilla)	G C to G		2 Piece Arm S (AG1 or AG - sep	Sleeve		
↓ F² (Upper Bicep	$F^2 \qquad C \text{ to } F^2 \wedge C$		Zipper - dorsur	m to forearm		
F¹ (Mid Bicep)	C to F'		Zipper - elbow	to axilla		
F_(Lower Bicep) F C to F,		Zipper - wrist to elbow				
E (Least Elbow)		Dycem® - donning aid				
	/ /			lide - donning aid vithout a Stitched Finge	er Glove)	
_ D¹ (Widest Fore	arm)D¹C to D¹ _		Prepaid Redu	ction		
	rm) D C to D,		No Ch	narge Options		
L		Slimline (more standard channe	e channels and less foa elling)	m than		
C (Least Wrist)	c		Cover to midd	dle of fingers		
	Wrist		Cover to base	e of fingers		
	Landmark C to B _ [Cover fingers	completely		
B (Palm at Web Space) (Wrist to Palm at Web Space)		2 Blend Foam (Low ILD)				
Do not include thumb			Channeling: towards axilla region			
(Wrist to Tip of Longest Finger) - REQUIRED			bypassing axilla region (default)			
Pictures are needed if the patient has lobules, is over-sized or ha	as some other issue. Please send pictures (no patient faces)	to info.iovinak@essitv.com.	Dycem® is a registered	d trademark of Dycem	Ltd.	
·	Arion Easy-Slide Arm on S		Circumference of			
	The user-friendly application aid makes putting on compression arm	Siza	widest part of the arm	BNR UOM / Box	Order Qty.	
	sleeves quick and easy		14.5"–15.1" (37–38.5cm) 79	966102 1		
[0.0002]	A straightforward donning method in combination with the application aid	arge	15.3"-16.1" (39-41cm) 75	510001 1		
On On On	Comments:					
Fitter/Therenist Name:	D4		Emaile			



Custom Hand Tracing Right Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.





Custom Hand Tracing Left Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

