

Boxers with Pannus Custom

TO ORDER:

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

Fax: 1-877-760-4943

Patient Name:					
PAYMENT INFORMATION	ı				
Account # (Required)	Bill to Account	Date			
Charge Credit Card	Card Exp. Date	PO #			
Card #		Fax Confirmation #	‡		
Name on Card		Email Confirmation	n		
BILLING ADDRESS		SHIPPING ADI	DRESS	Same as Billing Ad	idress
Business Name		Name			
Attention		Attention			
Address		Address			
City	State	City		State	
Phone	Zip	Phone		Zip	
ORDER SPECIFICATIONS	;				
Quote	Order				
FREE STANDARD SHIPP	ING				
		Boxer Capri	Polartec® Power Dry® Colors		
			Black	QTY Buff	QTY
			Pink	Plum	
Вох	ger T		Royal Blue		
			JoViJacket (Boxer - SUPER Po	
			Black	QTY Buff	QTY
			(JoViJackets are rec	quired to be worn with you naximum fit and effectiven	r JoVi foam less.)
			•		
Comments:					
Fitter/Therapist Name:					
· ···e·/ · · · · · · · · · · · · · · · ·	Dha	no.	Emaile		











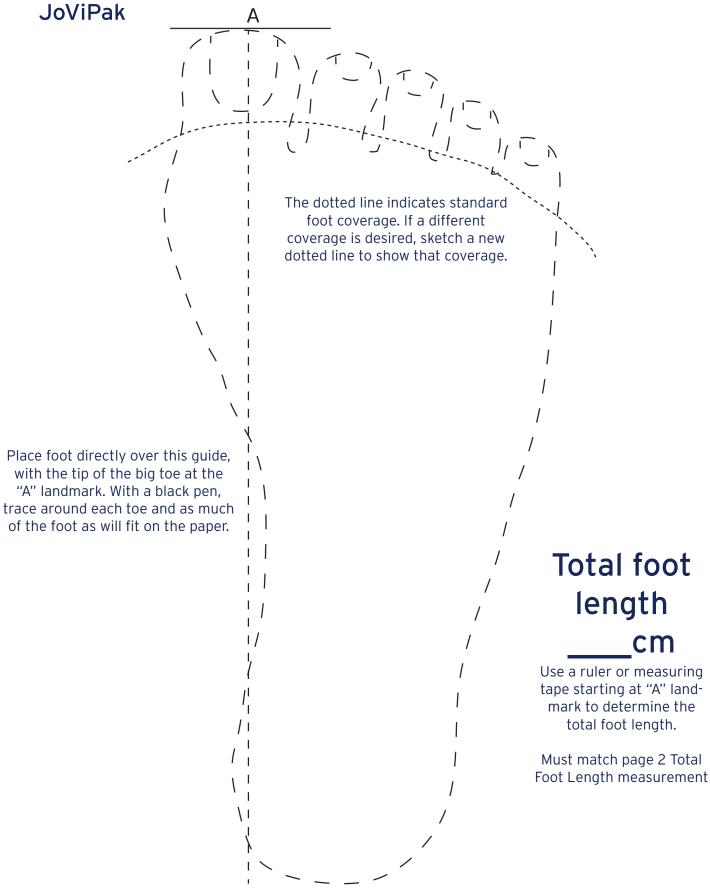
Boxers with Pannus Custom

Patient Name:		Previous Patient? ☐ Yes Gender: ☐ F ☐
Height*: Weight*: Height and weight are required.	Birthdate:	
reight and reight are required.		
Please record al All meas	Additional Charge Options	
Circumference	Length	Custom Leg AF1 Left Right
	L ength	Custom JoViJacket AF1 Left Right
L (Lowest Rib)	A to L	Custom Leg AD Left Right
K (Natural Waist) K K	K² (Back) A to K	Custom JoViJacket AD Left Right
J (Wid Hib)	G to K ²	Donning Loop options Boxer AD AF1
		Dorsum Pad (sewn in)
H (Widest Hip)		Malleolus Pad (sewn in)
Left Right PL G (Groin)	Left Right	Medial Lateral
F ² (Upper Thigh)	A to F ²	Zipper -
PW		ankle to knee
F¹ (Mid Thigh)	PL	2 side zippers
F (Lower Thigh)	A to F	1 zipper center-front, (standard)
E (Flexion Crease) E	A to E	Dycem® - donning aid
D (Least Knee) D	A to D	Arion Easy-Slide - donning aid
C (Widest Calf)C	A to C	PL Prepaid Reduction
B¹ (Base of Calf) B¹	PL-Pannus Length (around and un	n, L to G Boxer Boxer Capri Sider fold) AF1 Leg(s) AD Leg(s)
i-(Instep)		PW
b-(Base of Toe)	PW-Pannus Width lateral to late	
B (Least Ankle) B	A to B widest point	Standard: end with top of toes uncovered, cover bottom of toes
H/A (Heel/Ankle) H/A		Cover to tips of toes, top and bottom
i-(Instep)	Α	(with separate AD or AF1)
b-(Base of Little Toe)	\-i (Heel to Instep)	End garment at base of toes, top and bottom
	A-b (Heel to Base of Toe)	2 Blend Foam (Low ILD)
i I	A-a (Total Foot Length)	Channeling:
· ·		towards inguinal region circumventing inguinal region (default)
Pictures are needed if the patient has lobules, is Please send pictures (no patient faces) to info.jov If ordering additional leg garments, please includ	vipak@essity.com.	
Comments:		
itter/Therapist Name:	Phone:	Email:



Patient Name or Reference #:

CUSTOM FOOT TRACING RIGHT FOOT





CUSTOM FOOT TRACING LEFT FOOT

