

Patient Name:\_\_

## **Busti Custom**

**TO ORDER:** 

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

Fax: 1-877-760-4943

PAYMENT INFORMATION						
Account # Bill to Account		Date				
Charge Credit Card	Card Exp. Date	P0 #				
Card #		Fax Confirmation ‡	‡			
Name on Card		Email Confirmation	n			
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 SHIPPI	ING					
			Polarted	C® Power Dry® Colo	Ors QTY	
			Black	Buff	<b>—</b>	
			Pink	□Plum		
MANAGE PAR			Royal Blue			
			JoViJacket -	Nylon & Spandex P	owernet	
REPORT OF THE SECOND				QTY	QTY	
			Black	White		
				uired to be worn with your naximum fit and effectivene		
Custom Busti	Custom Busti (p	osterior)	garment to ensure m	iaximum ni ana enectivene	33./	
Comments:						
Fitter/Therapist Name:	Pho	one:	Email: _			
All sa	les are subject to JoViPak's Ret	turn, Guarantee	and Warranty po	olicies		











## **Busti**Custom

Patient Name: Previous Patient? Yes No

		Please record all measurement	surements in centin ents are required.	neters	
			′ \		
Circumf	erences				Lengths
	R (Torso @ Axilla)		R	L to	
	N (Largest Chest)  M (Xyphoid Process)		N	L to	
	L (Lowest Rib)		L		
				\	
The Busti is	most appropriate for lum	npectomy patients. Ma	stectomy patients v	vould be better served wit	n a Custom Vest.
	No Charge Optic		Additional (	Charge Options	
ments:	Li Z Bieliu Foaiii (Lov	VILU)	E Prepaiu Rec	auction	J

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