



JoViPak

# Legs Custom

**TO ORDER:**  
Email: [info.jovipak@essity.com](mailto:info.jovipak@essity.com)  
Tel: 1-866-888-5684  
Fax: 1-877-760-4943

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

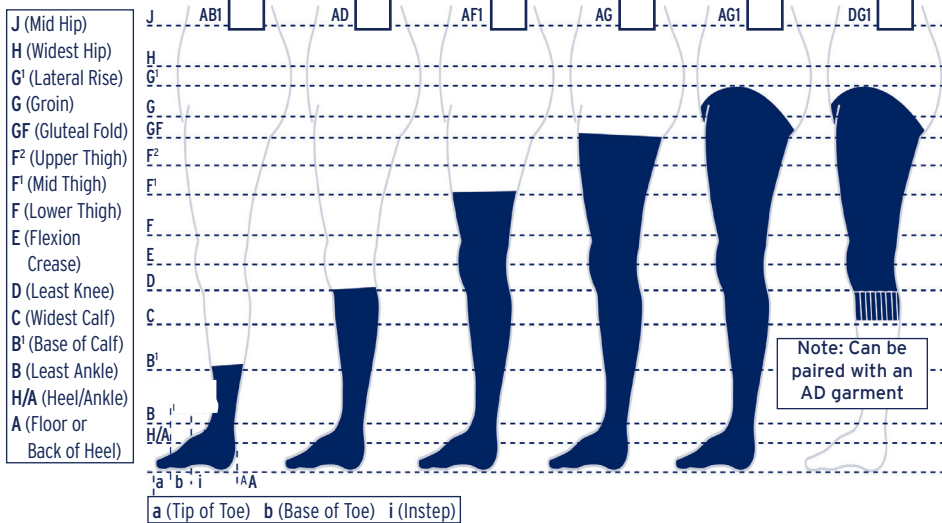
Same as Billing Address

Business Name	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

## ORDER SPECIFICATIONS

Quote  Order

## FREE STANDARD SHIPPING



### Polartec® Power Dry® Colors

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Buff	
<input type="checkbox"/> Pink		<input type="checkbox"/> Plum	
<input type="checkbox"/> Royal Blue			

### Organic Cotton Colors

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Ivory	

### SUPER Powernet Colors (InnaBoot only)

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Buff	

### JoViJacket

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> White	

(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

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



JOBST®, an Essity brand



/JOBSTUSA



@JOBST\_USA



@JOBSTforUSA



jobst-usa.com

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JoViPak

# Legs Custom

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

Previous Patient?  Yes Gender:  F  M

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

\*Height and weight are required.

Please record all measurements in centimeters  
All measurements are required.

**Circumference**

Left	Right				
		G (Groin)	G	A to G	
		F <sup>2</sup> (Upper Thigh)	F <sup>2</sup>	A to F <sup>2</sup>	
		F <sup>1</sup> (Mid Thigh)	F <sup>1</sup>	A to F <sup>1</sup>	
		F (Lower Thigh)	F	A to F	
		E (Patella)	E	A to E	
		D (Below Knee)	D	A to D	
		C (Widest Calf)	C	A to C	
		B <sup>1</sup> (Base of Calf)	B <sup>1</sup>	A to B <sup>1</sup>	
		B (Smallest Ankle)	B	A to B	
		Y* (Heel / Ankle)	Y		
		a (Tip of Toe)			
		i (Instep)			
		b (Base of Little Toe)			
			A		
			A-i (Heel to Instep)		
			A-b (Heel to Base of Toe)		
			A-a (Total Foot Length)		

**Leg Lengths**  
Measure lengths medially, straight, not contoured

**Left** **Right**

G1 Lateral Rise Options:  
 7.6 cm  12.7 cm (default)

\*If Y is 10 cm more than B, zipper is required.

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.

**Styles**

Standard Leg Garment (AD to AG1)

AD - Quilted with zipper

InnaBoot  AD  AG  
(Organic Cotton with SUPER Powernet JoViJacket)

**Additional Charge Options**

Dorsum Pad (sewn in)

Malleolus Pad (sewn in)  Medial  Lateral

Zipper - ankle to knee

Zipper - knee to groin

Donning Loops

Pull Tabs (InnaBoots only)

Dycem® - donning aid

Arion Easy-Slide - donning aid

Prepaid Reduction

**No Charge Options**

Standard: end with top of toes uncovered, cover bottom of toe

Cover to tips of toes, top and bottom

End garment at base of toes, top and bottom

2 Blend Foam (Low ILD)

**Channeling:**

towards inguinal region

circumventing inguinal region (default)

Dycem® is a registered trademark of Dycem Ltd.



## Arion Easy-Slide

- The user-friendly donning aid for open toe compression stockings and tights
- The lightweight, smooth material provides ease of donning/application



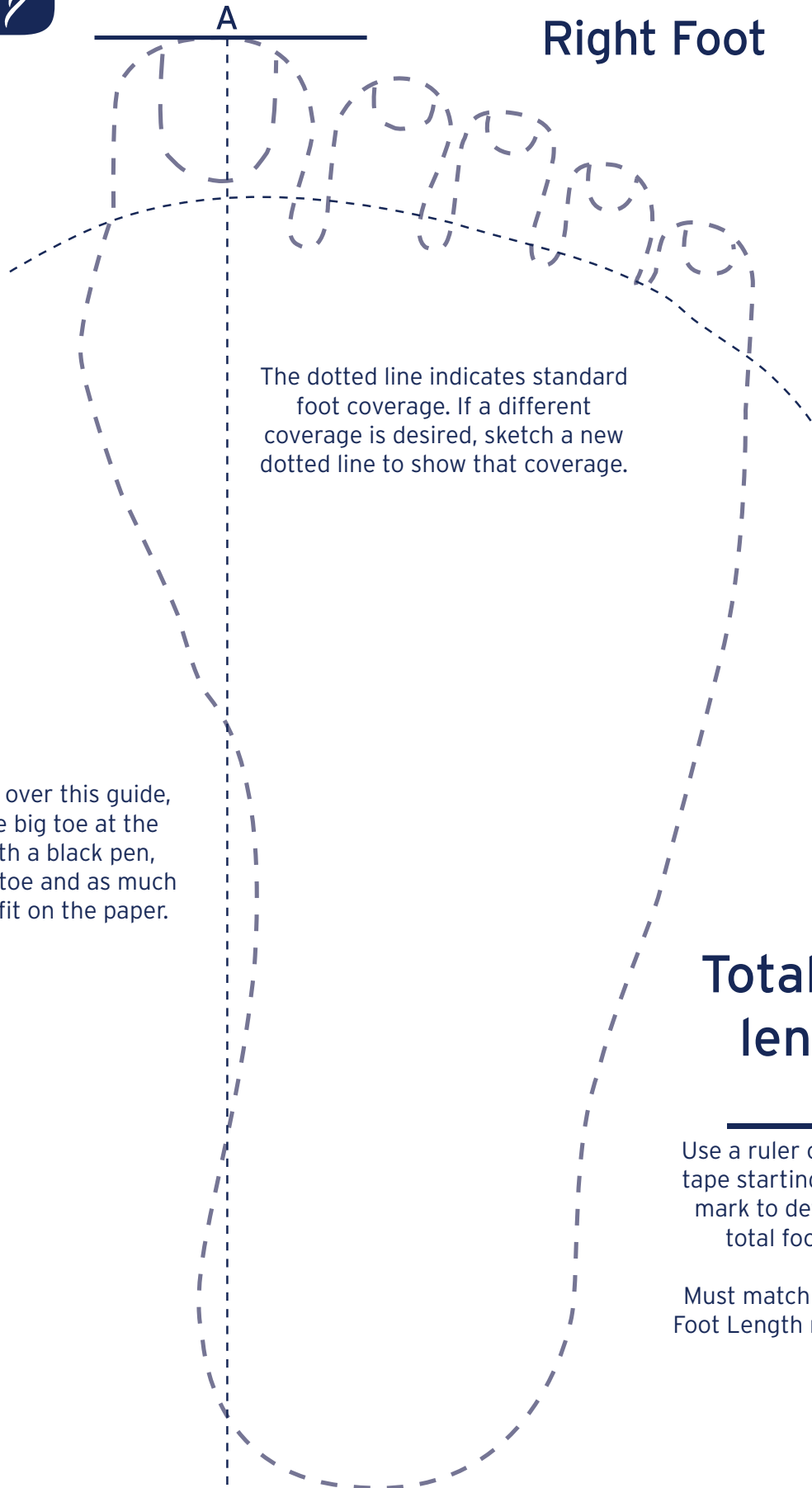
Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5-5.5	7965804	1	
Medium	6-8	7965802	1	
Large	8.5-11	7965902	1	
X-Large	≥ 11.5	7966001	1	

Comments:

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

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

# Custom Foot Tracing Right Foot



Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

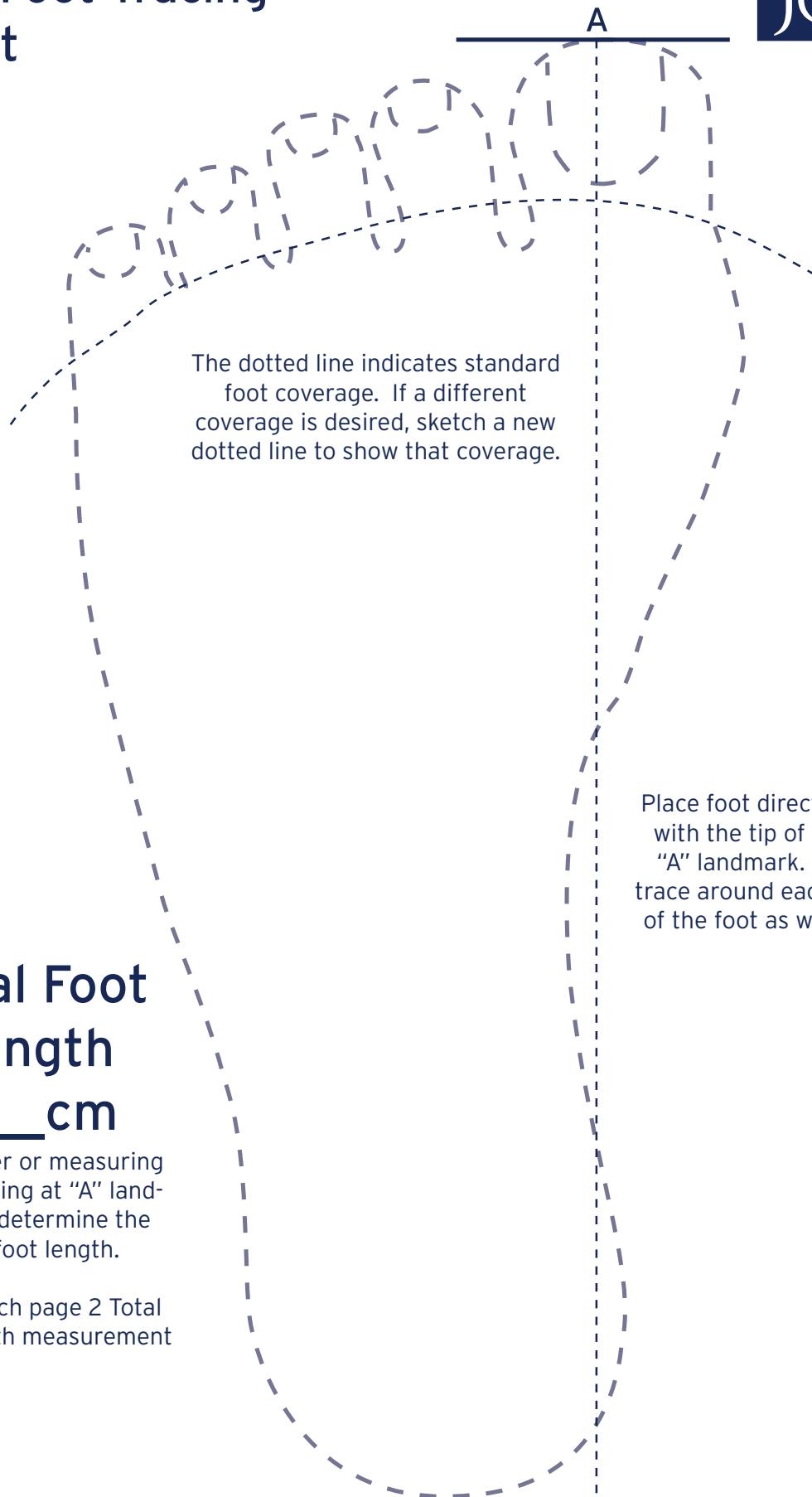
**Total foot length**  
**\_\_\_\_\_cm**

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

# Custom Foot Tracing

## Left Foot



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**Total Foot Length**  
**Length**  
**\_\_\_\_\_cm**

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

Patient Name or Reference # \_\_\_\_\_