

Shoulder-Torso 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) | <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

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

SHIPPING ADDRESS

Same as Billing Address

| | | | | | | |
|------|-----------|---------|------|-------|-------|-----|
| Name | Attention | Address | City | State | Phone | Zip |
|------|-----------|---------|------|-------|-------|-----|

ORDER SPECIFICATIONS

Quote Order

FREE STANDARD SHIPPING



*Two Piece Arm Sleeve with optional Bilateral Arms, Padded Torso, Arm Sling & Dorsum Zipper
(This option is an additional charge)*



*Optional Padded Torso & One Piece Arm Sleeve
(This option is an additional charge)*



*Unpadded torso with One Piece Arm Sleeve & recommended JoViJacket
(JoViJacket is an additional charge)*

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 | | | |

JoViJacket - Nylon & Spandex Powernet

| | 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.)

Comments:

Fitter/Therapist Name: _____ Phone: _____ Email: _____

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



Shoulder-Torso Arm Sleeves

Custom

JoViPak

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Must select one: **Mastectomy** Left Right **Reconstruction** Left Right **Lumpectomy** Left Right

Directions: Follow the dotted lines for measurement guidelines. Please record all measurements in centimeters. All measurements are required.

BODY

SS (Neck Line @ Shoulder Seam) SS to H (REQUIRED)
(Length: Neck Line to Tip of Acromiom Process)

Circumferences

H to G to H (Arm Hole)

Lengths

G to N G (Torso @ Axilla)

N (Largest Chest)

G to L M (Xyphoid Process)

G to K L (Lowest Rib)

K (Natural Waist)

ARM

Circumferences

| | Left | Right | | Lengths (Measured medially) |
|--------------------------|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G (Axilla) | C to G <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F ² (Upper Bicep) | C to F ² <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F ¹ (Mid Bicep) | C to F ¹ <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F (Widest Bicep) | C to F <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E (Least Elbow) | C to E <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D ¹ (Widest Forearm) | C to D ¹ <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D (Distal Forearm) | C to D <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C (Least Wrist) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B (Palm @ Web Space) <small>(Do not include thumb)</small> | C to B <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A (Tip of Longest Finger) <small>(Required)</small> | C to A <input type="checkbox"/> |

Body lengths to be taken laterally & linearly

Garments can be produced with standard channeling or Slimline channeling (more channels & less foam than standard channeling) and as a Two Piece garment (separate hand).

No charge option is available for the one piece garment. JoviJacket would also be one piece (with an additional charge).

Measurements are required for an accurate fitting garment.

No Charge Options

1 piece Arm Sleeve, glove attached (JoViJacket will also be One Piece) 2 Blend Foam (Low ILD)

Additional Charge Options

Torso Padding (must select one):
 Horizontal Channels Vertical Channels No padding (no charge)

Stitched Finger Glove

Pad (sewn in) Dorsum Palm

Zipper Dorsum to mid-forearm Wrist to elbow

Arm Sling Garment JoViJacket

Dycem®

Padded Insert (equalizes pressure over mastectomy site)

Color: Black Buff

Size: Small (A/B) Large (D)
 Medium (C) XLarge (DD/E)



Arion Easy Slide
(for garment without Stitched Finger Glove)

Prepaid Reduction

Fitter/Therapist Name: _____ Phone: _____ Email: _____

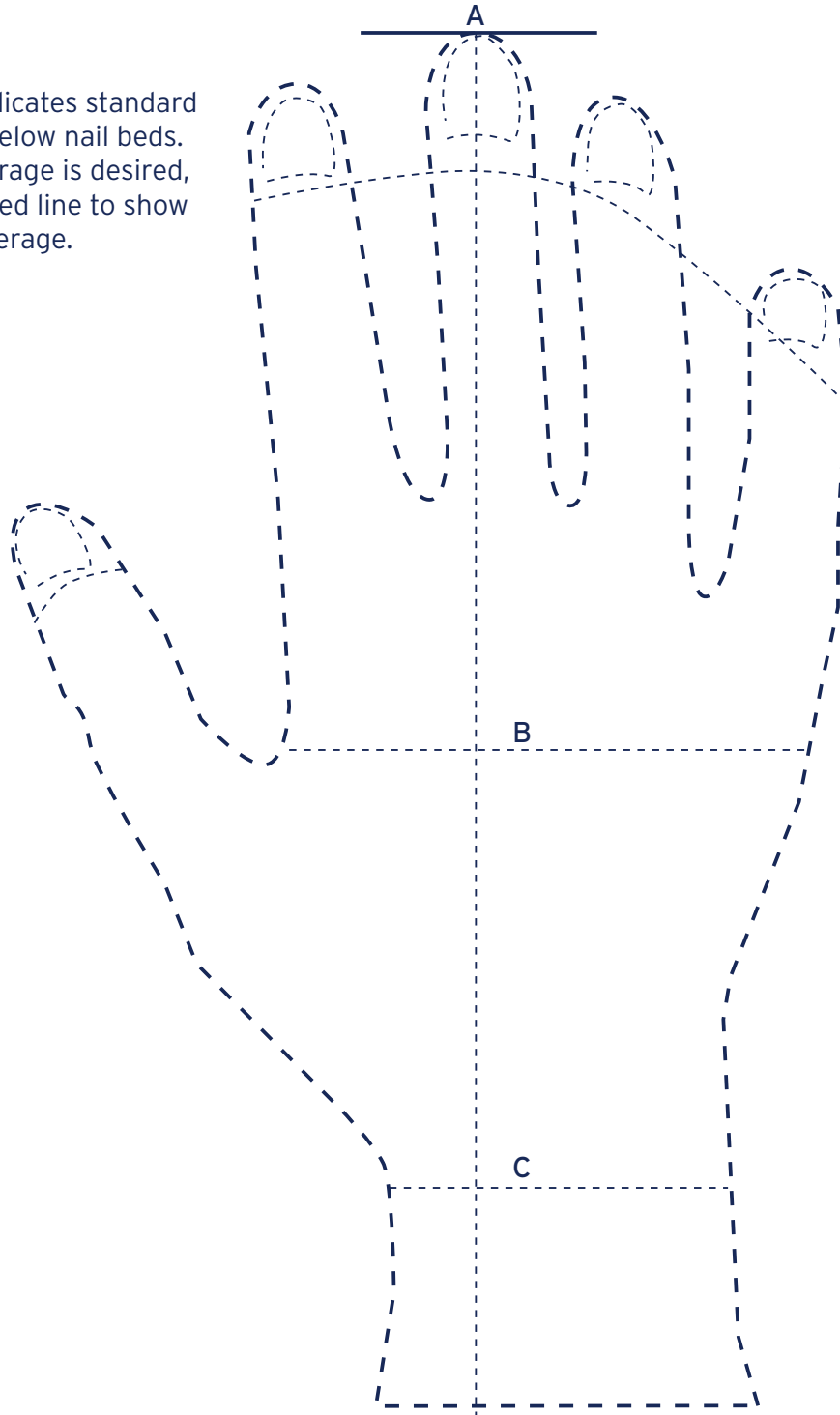


JoViPak

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.

The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



Total hand length (AC)
_____cm

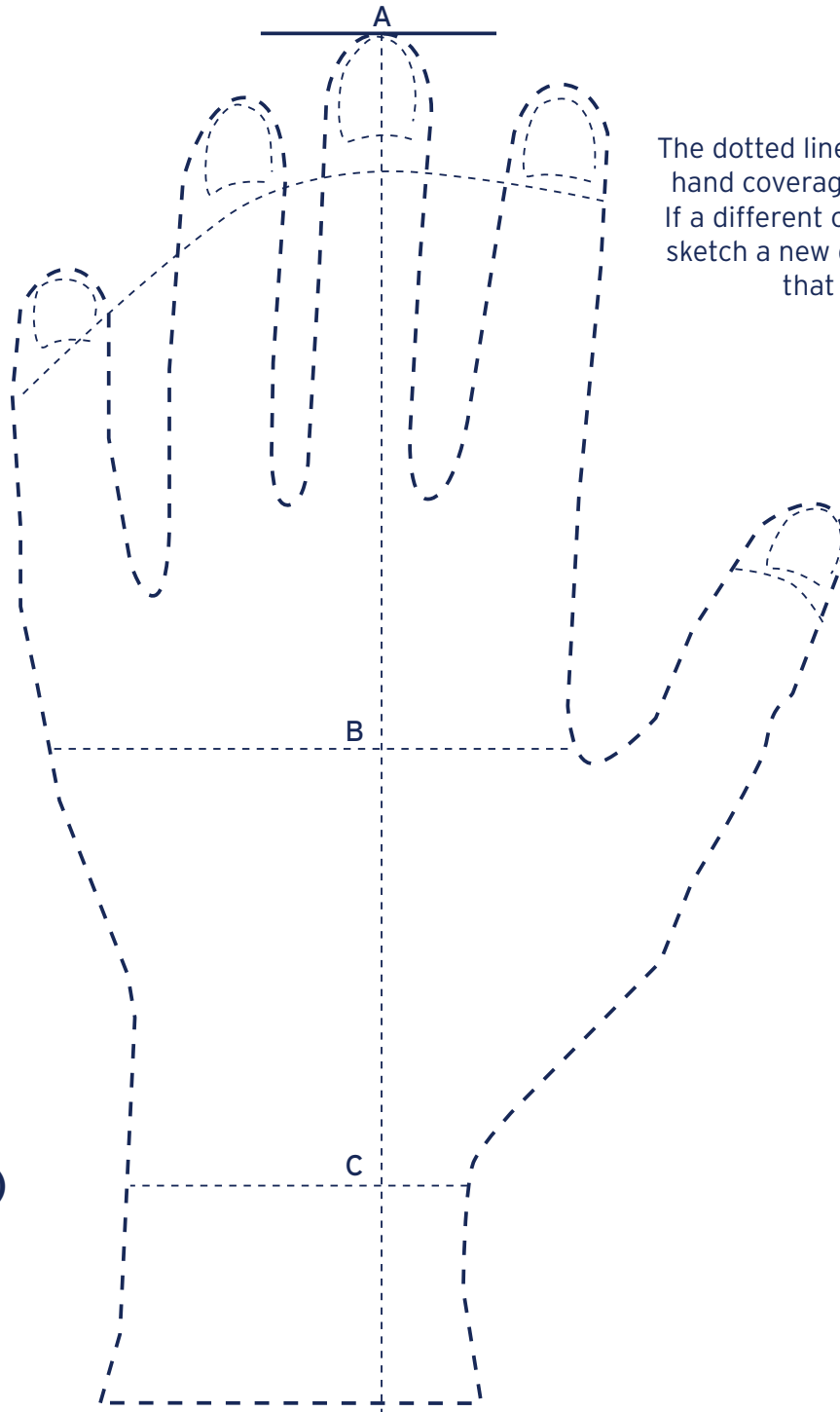
Patient Name or Reference #: _____



JoViPak

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.



The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.

Total hand length (AC)
_____cm