



JoViPak

Legs Custom

FAX COMPLETED FORM TO 1-877-760-4943

Patient Name: _____

Previous Patient? Yes No

Height: _____ Weight: _____ Birthdate: _____

Primary (congenital) or Secondary Lymphedema
(if no selection is made, JoViPak will default to Secondary Lymphedema)

PAYMENT INFORMATION

Account #	<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	Business Name
Address	Address
Attention	Attention
City State	City State
Phone Zip	Phone Zip

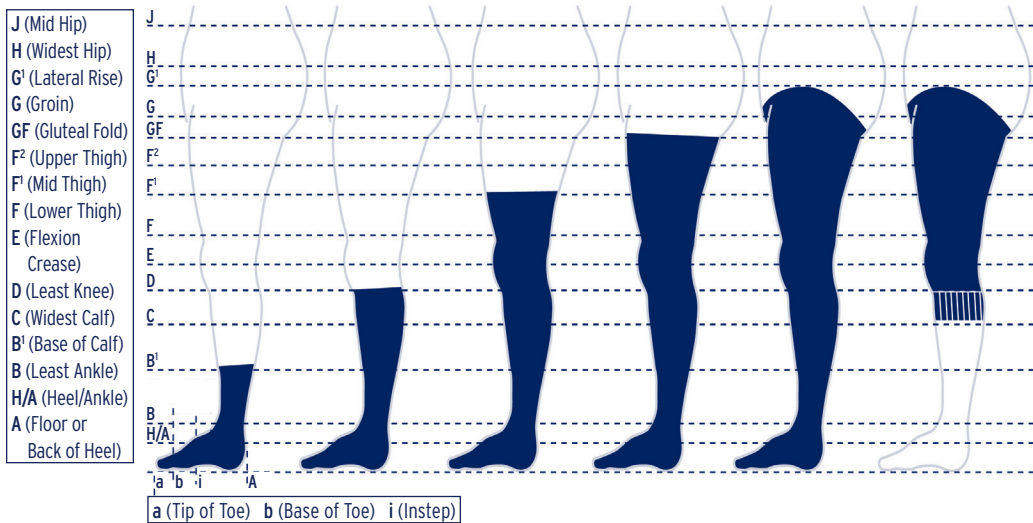
ORDER SPECIFICATIONS

Quote Only Quote & Proceed

RUSH OPTION Additional 25% charge for 3 business day production period

SHIPPING Shipping rates may vary, depending on services requested and/or rates charged by carrier

FedEx® (2 day shipping) Check if shipping to a residence \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)



Polartec® Power Dry® Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Pink
<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	

SUPER Powernet Colors (InnaBoot only)	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff

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

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com



JOBST®, an Essity brand



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA



jobst-usa.com

BSN Medical Inc., an Essity company
5825 Carnegie Blvd., Charlotte, NC 28209-4633
Tel. (+1) 800 537 1063 Fax (+1) 800 835 4325

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Please record measurements in centimeters.

G1 Lateral Rise Options:

 7.6 cm 12.7 cm (default)

Leg Lengths

Measure Lengths medially

Circumference					
Left	Right				
<input type="text"/>	<input type="text"/>	G (Top of Thigh)	G	A to G	<input type="text"/>
<input type="text"/>	<input type="text"/>	F ² (Upper Thigh)	F ²	A to F ²	<input type="text"/>
<input type="text"/>	<input type="text"/>	F ¹ (Mid Thigh)	F ¹	A to F ¹	<input type="text"/>
<input type="text"/>	<input type="text"/>	F (Lower Thigh)	F	A to F	<input type="text"/>
<input type="text"/>	<input type="text"/>	E (Patella)	E	A to E	<input type="text"/>
<input type="text"/>	<input type="text"/>	D (Below Knee)	D	A to D	<input type="text"/>
<input type="text"/>	<input type="text"/>	C (Widest Calf)	C	A to C	<input type="text"/>
<input type="text"/>	<input type="text"/>	B ¹ (Below Calf)	B ¹	A to B ¹	<input type="text"/>
<input type="text"/>	<input type="text"/>	B (Smallest Ankle)	B	A to B	<input type="text"/>
<input type="text"/>	<input type="text"/>	Y (Heel / Ankle)	Y		
<input type="text"/>	<input type="text"/>	a (Base of Toe)	a		
<input type="text"/>	<input type="text"/>	i (Instep)	i	A-i (Heal to instep)	<input type="text"/>
<input type="text"/>	<input type="text"/>	b (Base of little toe)	b	A-b (Heal to base of toe)	<input type="text"/>
<input type="text"/>	<input type="text"/>			A-a (Total Foot Length)	<input type="text"/>

Styles

 Standard Leg Garment (AD to AG1)

 ADVI (AD)

 InnaBoot AD AG
(Organic Cotton with SUPER Powernet JoViJacket)

No Charge Options

 Cover to tips of toes

 2 Blend Foam (Low ILD)

Additional Charge Options

 JoViJacket Black White
(JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness)

 Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in) Black White

 Zipper - ankle to knee

 Zipper - knee to groin

 ADVI Foot Style

 Donning Loops

 Pull Tabs (InnaBoots only)

 Dycem® - donning aid

 Arion Easy-Slide - donning aid

 Prepaid Reduction Option

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.com.

Dycem® is a registered trademark of Dycem Ltd.



Arion Easy-Slide ^{on}

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



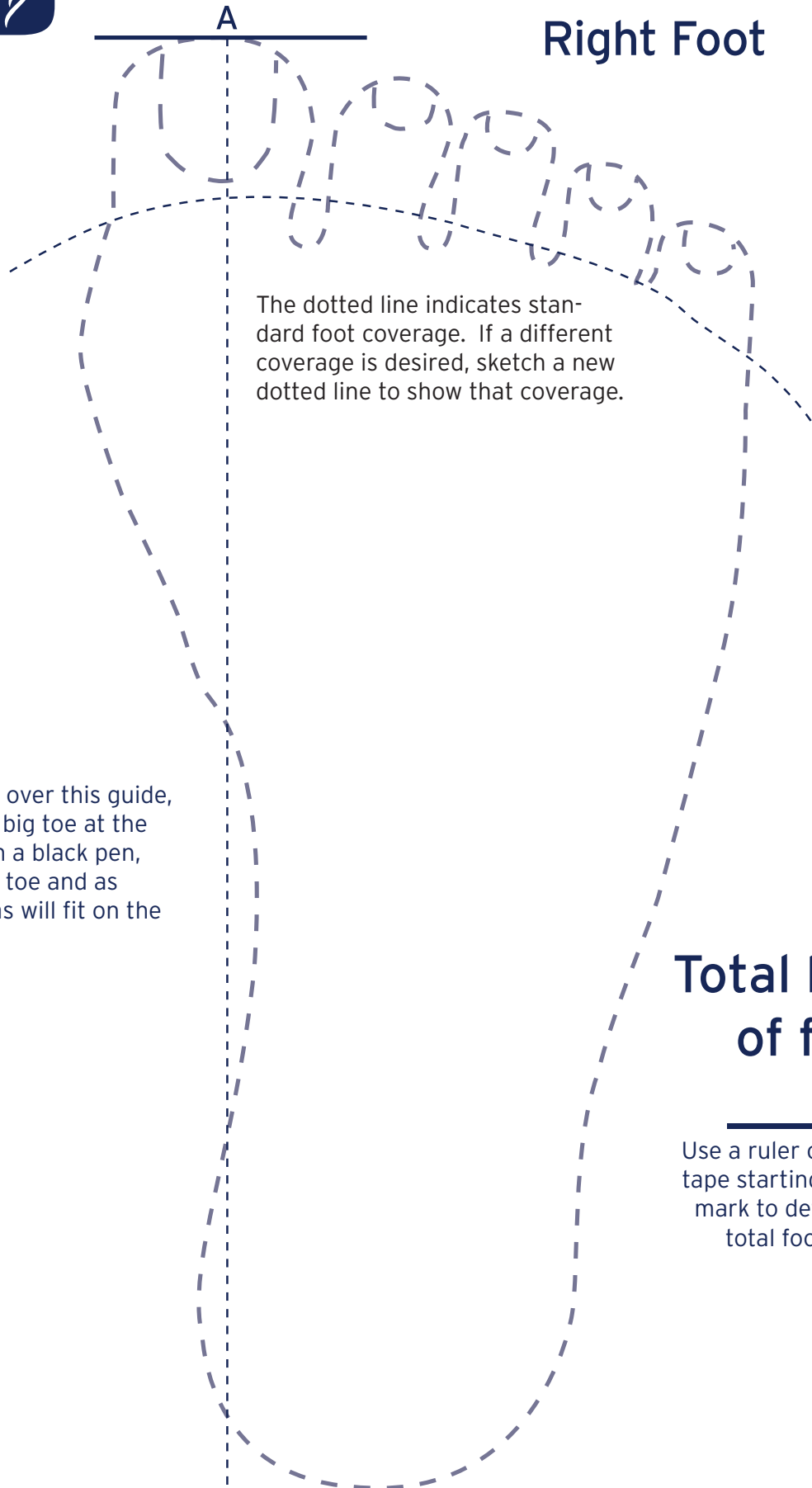
Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5-5.5	7965804	1	
Medium	6-8	7965802	1	
Large	8.5-11	7965902	1	
X-Large	≥ 11.5	7966001	1	

Comments:

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

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Custom Foot Tracing Right Foot



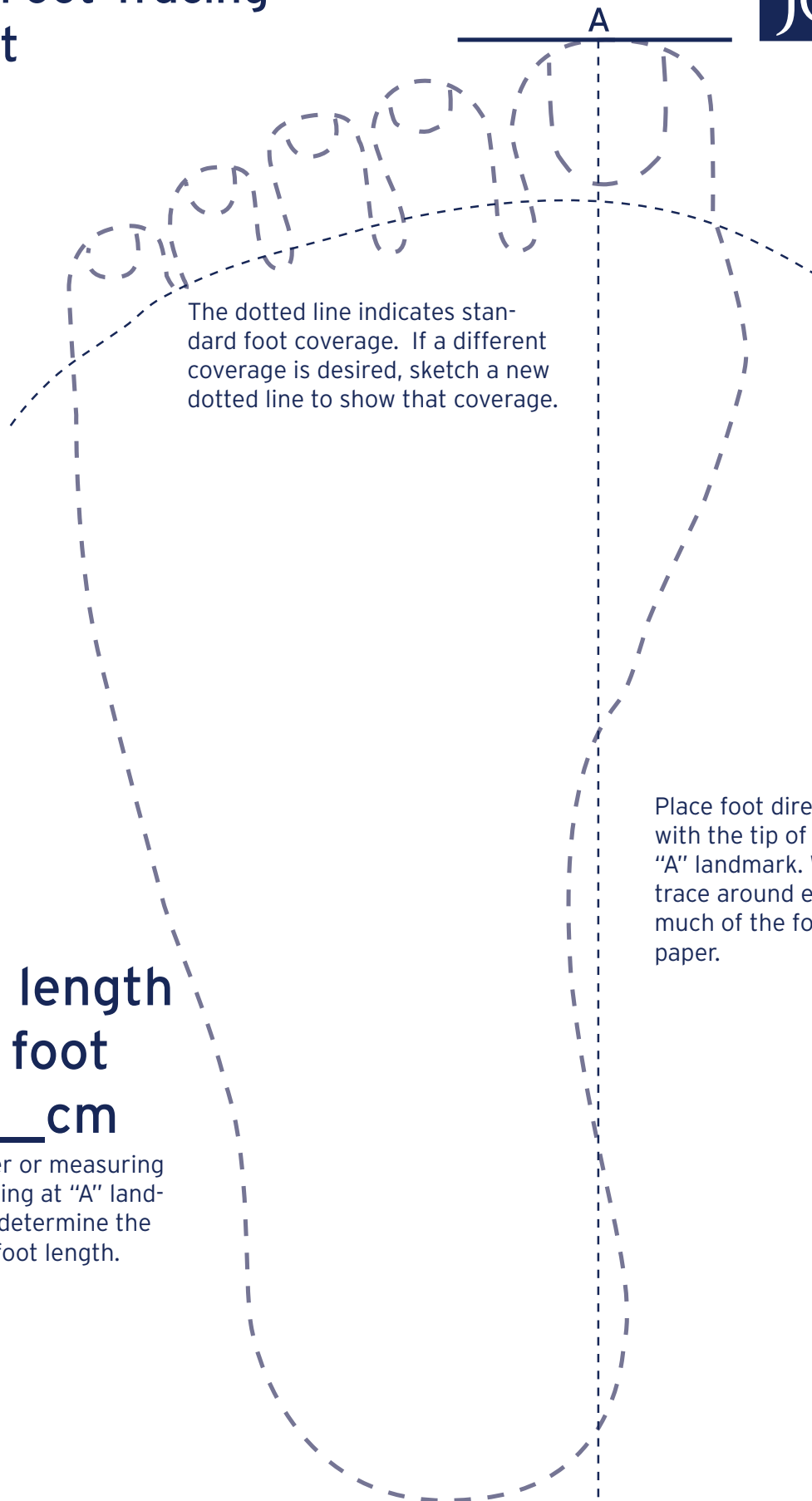
The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

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 length
of foot**
_____cm

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

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 length
of foot**
_____cm

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

Patient Name or Reference # _____