



JoViPak

Leg Custom

FAX COMPLETED FORM TO 1-877-760-4943

Patient Name: _____

Previous Patient? Yes No

Height: _____ Weight (Optional): _____ Birthdate: _____

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

PAYMENT INFORMATION		Date
BSN Account # <input type="checkbox"/> Bill to Account	<input type="checkbox"/> Charge Credit Card	PO #
Card #	Card Exp. Date	Patient Name
Name on Card		Fax Confirmation #
		Email Confirmation

BILLING ADDRESS	SHIPPING ADDRESS <input type="checkbox"/> 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 Dealer Pricing MSRP

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

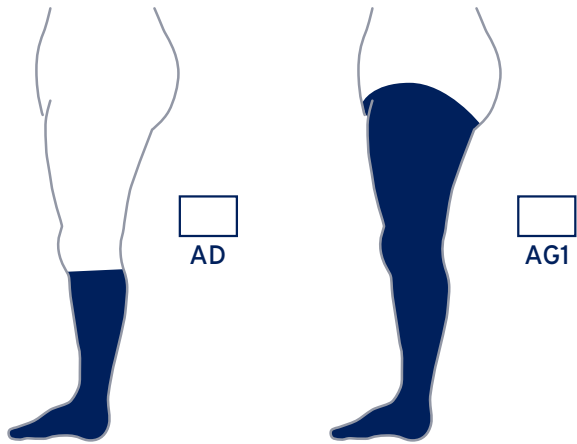
FedEx® (2 day shipping) Check if shipping to a residence USPS Priority Mail Flat Rate® Small or Medium box

\$10.00 to business addresses; \$13.25 to residential addresses
(Additional services may be available; contact JoViPak to discuss.)

For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)

Polartec® Power Dry® Colors

Black Royal Blue



Fitter/Therapist Name: _____ Phone: _____

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com
All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at www.jovipak.com



JOBST, an Essity brand



BSN Medical Inc., an Essity company
5825 Carnegie Blvd., Charlotte, NC 28209-4633
Tel. (+1) 704 554 9933 Fax (+1) 800 835 4325
To order toll-free: Tel. (+1) 800 537 1063



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Please record measurements in centimeters.

Circumference

Left	Right

Leg Lengths
Measure Lengths medially

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

G (Top of Thigh) G A to G
 F' (Mid Thigh) F' A to F'
 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' (Below Calf) B' A to B'
 B (Smallest Ankle) B A to B
 Y (Heel / Ankle) Y
 a (Base of Toe)
 i (Instep) a b A
 A-i (Heel to instep)
 b (Base of little toe) A-b (Heel to base of toe)
 A-a (Total Foot Length)

Styles

Standard Leg Garment (AD to AG1)

No Charge Options

Cover to tips of toes

Blend Foam (Low ILD)

Additional Charge Options

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

Safety Sok (matching fabric; non-slip sole)

Zipper - ankle to knee

Donning Loops

Dycem® - donning aid

Easy-Slide - donning aid

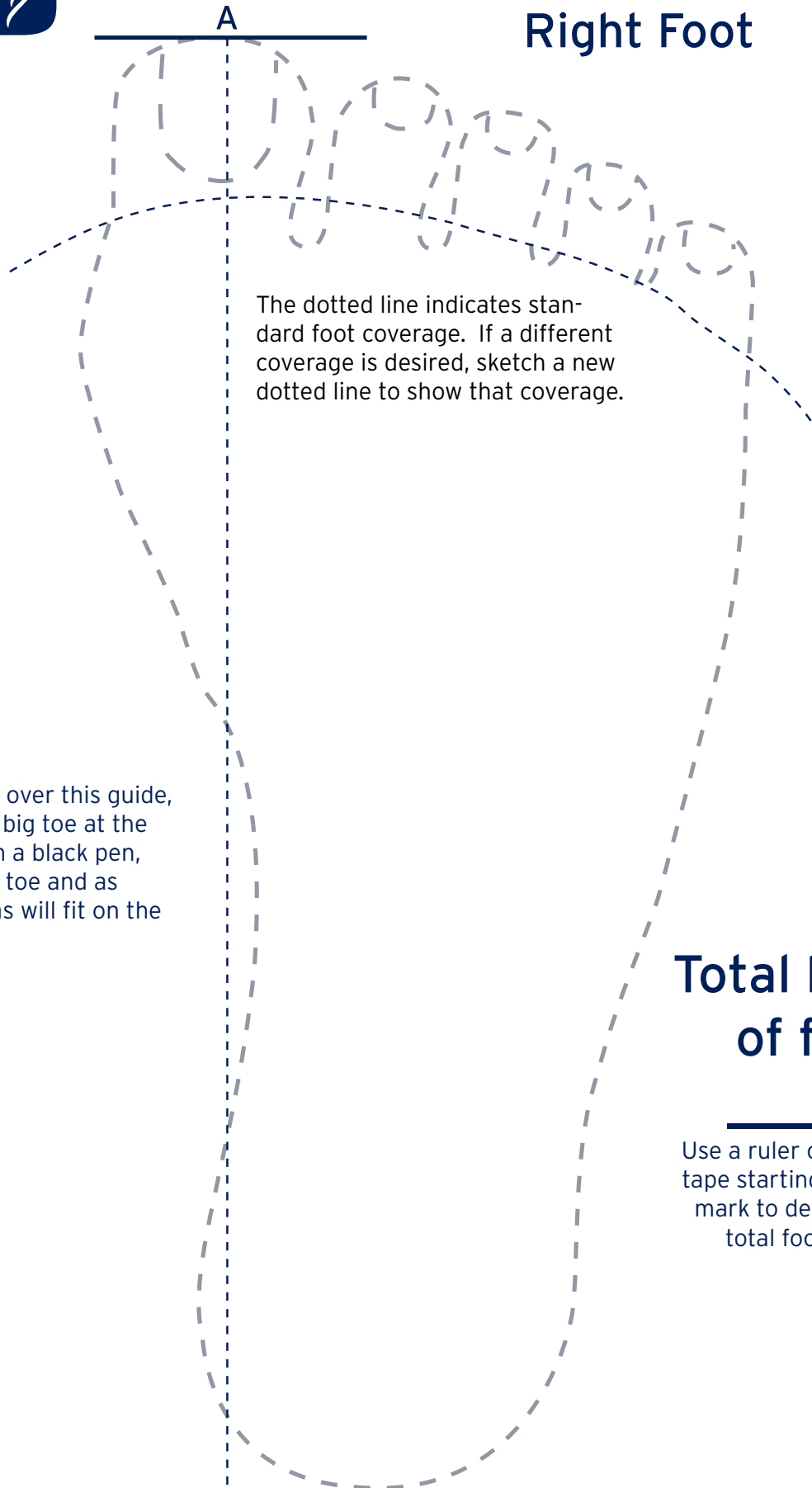
Prepaid Reduction Option

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.

Comments:

Fitter/Therapist Name: _____ Phone: _____

Custom Foot Tracing Right Foot



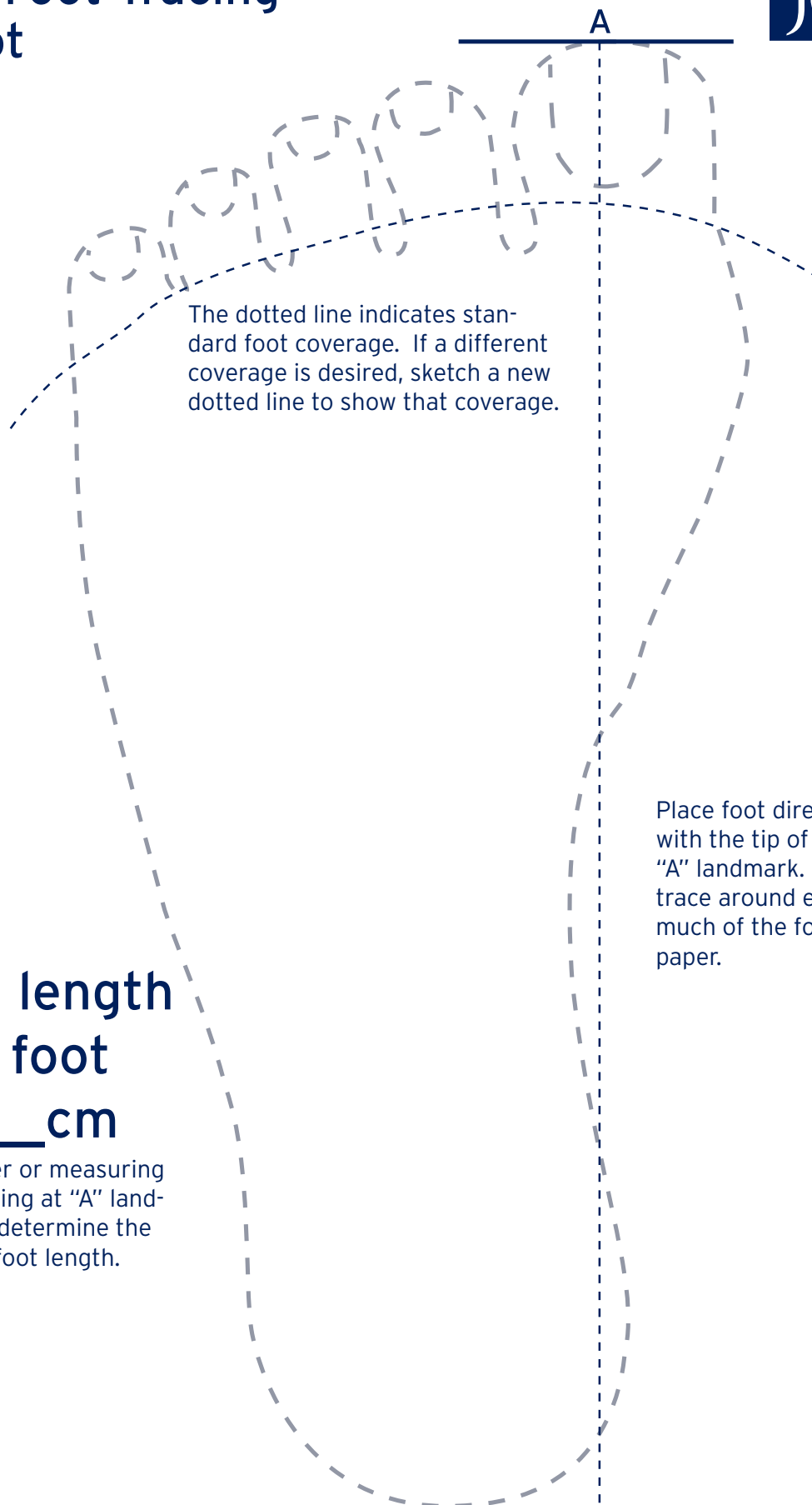
Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

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

**Total 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.