

Arm Sleeves 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

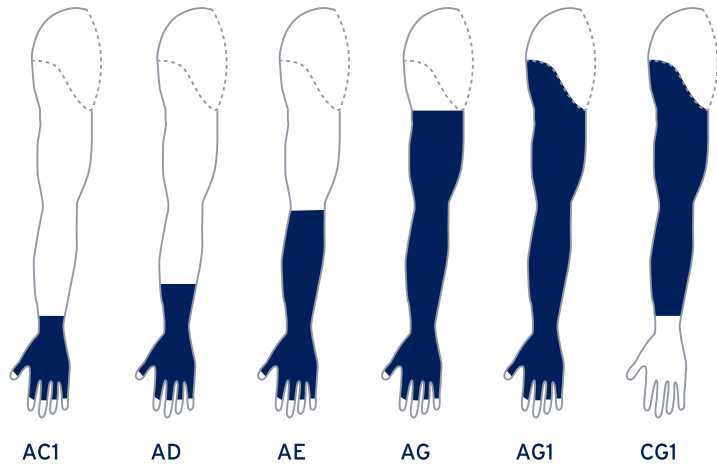
Quote Only
 Quote & Proceed
 Dealer Pricing
 MSRP

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		
<input type="checkbox"/> Black	<input type="checkbox"/> Pink	<input type="checkbox"/> Royal Blue
Polartec® Silkweight Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue Ridge	
Polartec® Cotton & Spandex Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory	<input type="checkbox"/> 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



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA



jobst-usa.com

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

Measure extended arm in relaxed position, palm up

Please record measurements in centimeters.

G1 Lateral Rise Options:
 6.35 cm

Circumference

Circumference		Arm Lengths	
Left	Right	Measure Lengths medially	
<input type="text"/>	<input type="text"/>	G (Axilla)	C to G
<input type="text"/>	<input type="text"/>	F (Mid Bicep)	C to F
<input type="text"/>	<input type="text"/>	E (Least Elbow)	C to E
<input type="text"/>	<input type="text"/>	D (Widest Forearm)	C to D
<input type="text"/>	<input type="text"/>	C (Least Wrist)	
<input type="text"/>	<input type="text"/>	B (Palm at Web Space) Do not include thumb	C to B
		A (Tip of Longest Finger) - REQUIRED	C to A

Styles	
<input type="checkbox"/>	Standard Arm Sleeve (AC1 to AG1)
No Charge Options	
<input type="checkbox"/>	Slimline (more channels and less foam than standard channelling)
<input type="checkbox"/>	Cover to base of fingers
<input type="checkbox"/>	Cover fingers completely
<input type="checkbox"/>	Two Blend Foam (Low ILD)
Additional Charge Options	
JoViJacket <input type="checkbox"/> Black <input type="checkbox"/> White (JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)	
<input type="checkbox"/>	Stitched Finger Glove
<input type="checkbox"/>	Two Piece Arm Sleeve (AG1 - separate hand; JoViJacket will match garment)
<input type="checkbox"/>	Dycem® - donning aid
<input type="checkbox"/>	Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
<input type="checkbox"/>	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:

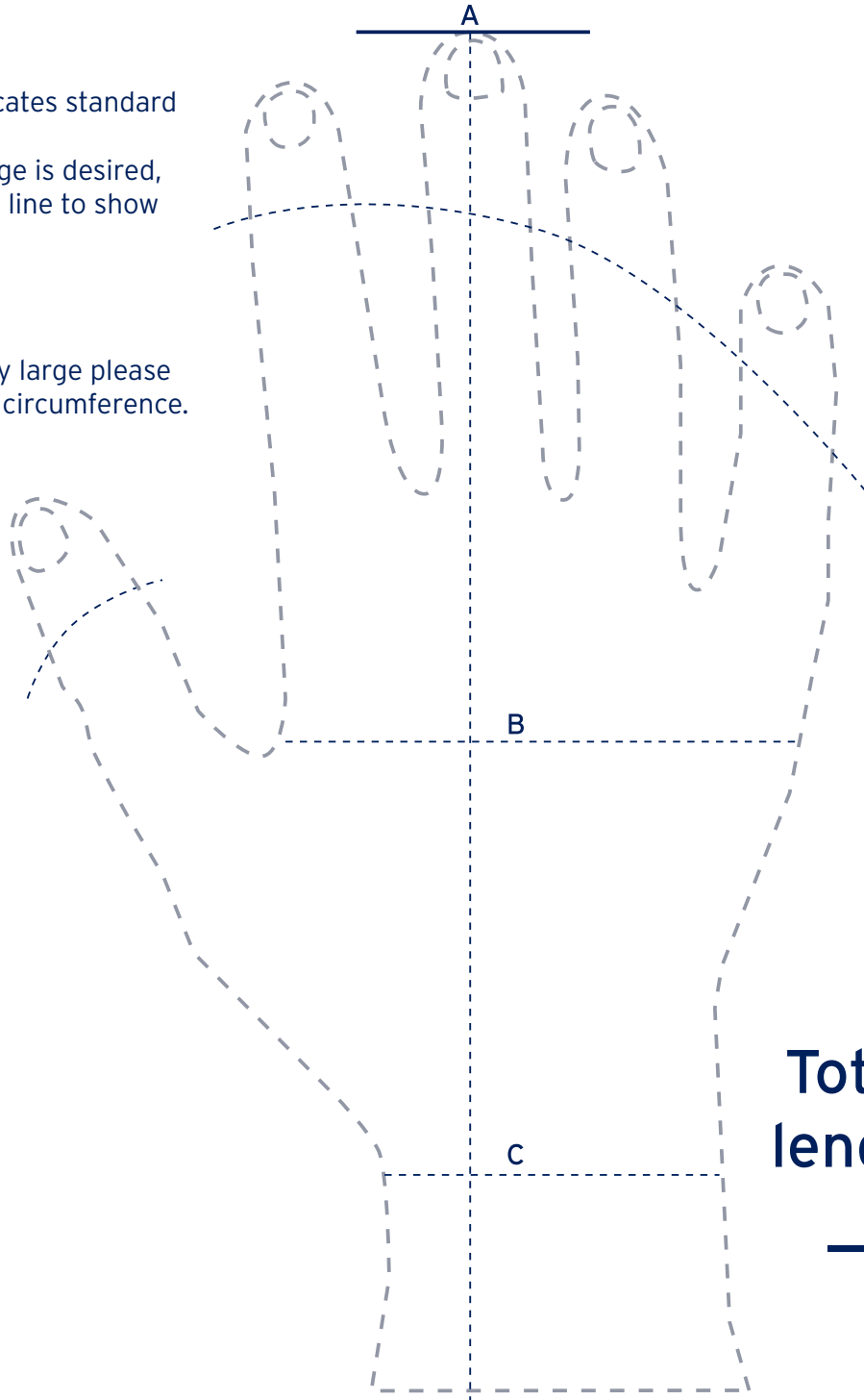
Fitter/Therapist Name: _____ Phone: _____

Custom 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.
If a different coverage is desired, sketch a new dotted line to show that coverage.

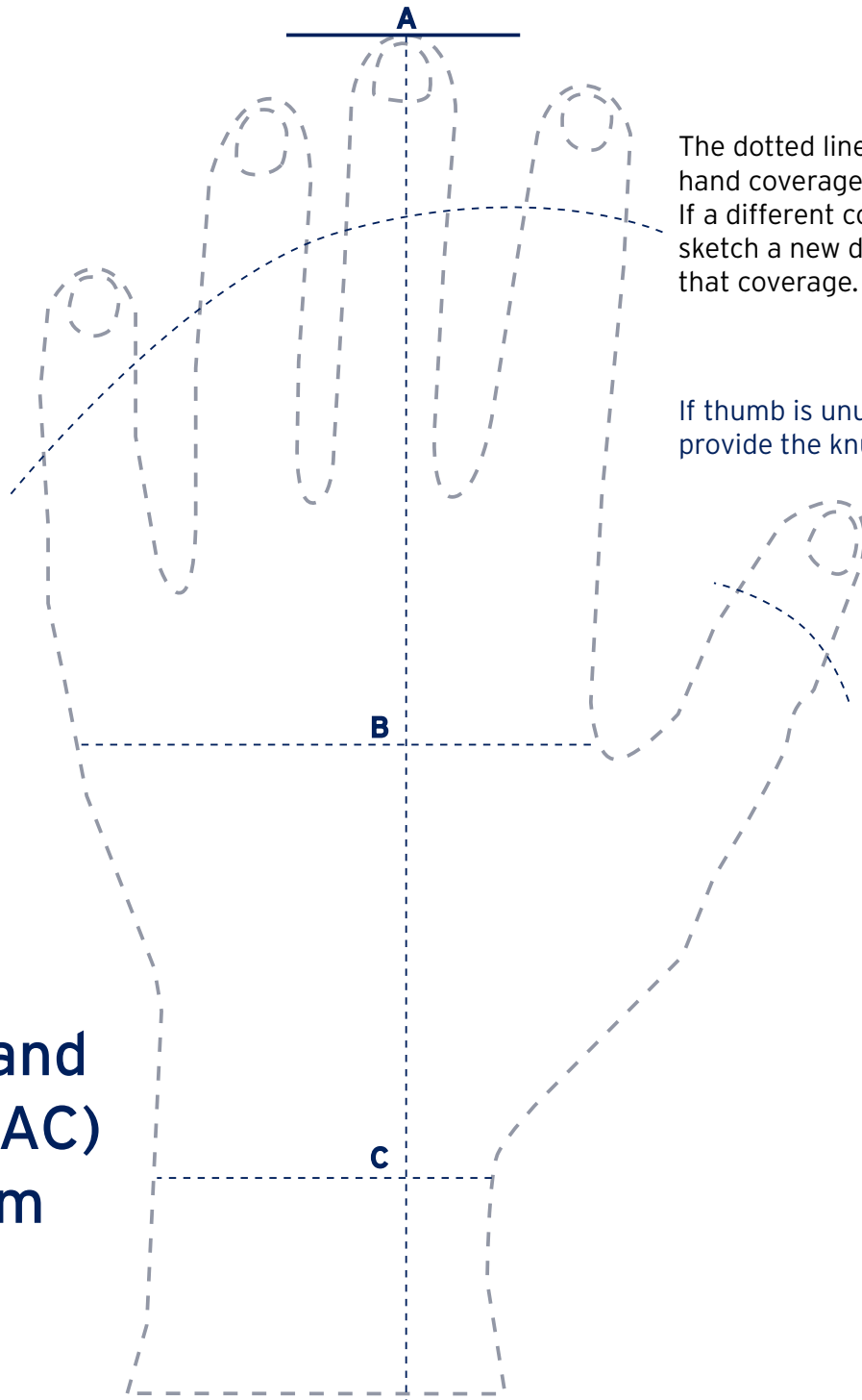
If thumb is unusually large please provide the knuckle circumference.



Patient Name or Reference # _____

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. If a different coverage is desired, sketch a new dotted line to show that coverage.

If thumb is unusually large please provide the knuckle circumference.

Total hand
length (AC)
_____cm

Patient Name or Reference # _____