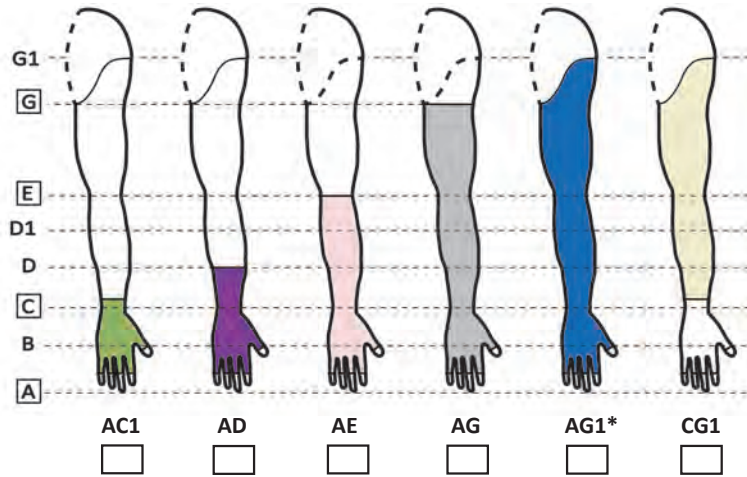




Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ **(example: PT/OT/PTA)**
Date: _____

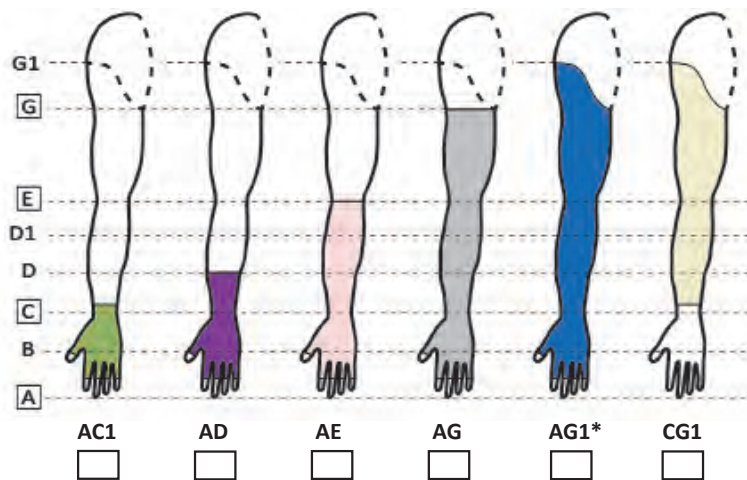
JoviPak Right Arm Garment Colors



Organic Cotton/Lycra® Color Options			
Black	Ivory	Royal Blue	
Polartec® Power Dry® Color Options			
Black	Buff	French Blue	
Glacier Blue	Leaf Green (X-Static®)	Navy Blue	
Pink	Plum	Royal Blue	
Stainless Steel	White (soft pink hue)		
Polartec® Silkweight Color Options			
Black	Blue Ridge		

*Can be ordered as at two piece (separate hand)

JoviPak Left Arm Garment Colors



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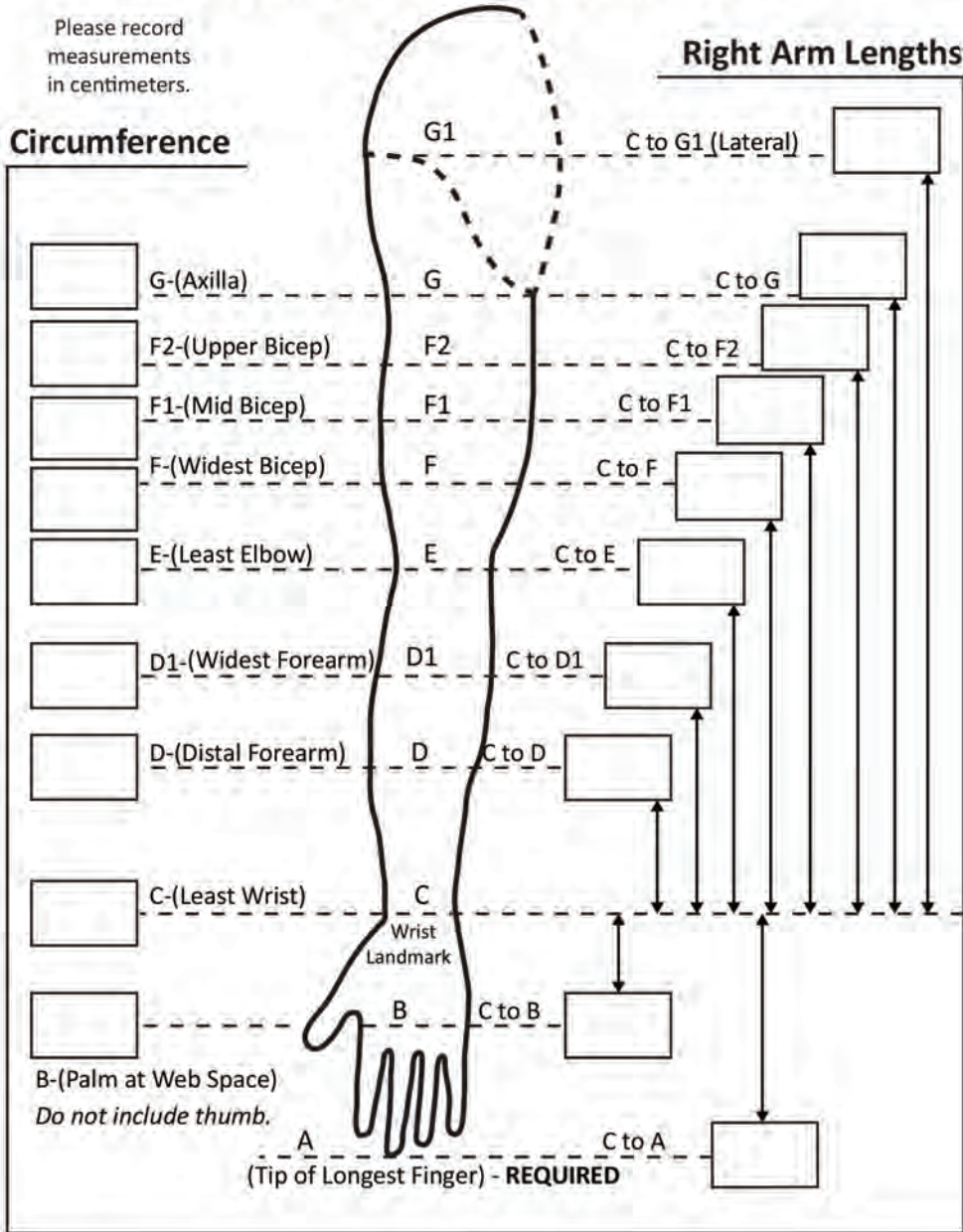


Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

JoviPak Custom Right Arm Sleeve Order Form

Measure extended arm in relaxed position, palm up.

Please record measurements in centimeters.



Styles	
<input type="checkbox"/>	Standard Arm Sleeve (AC1 to AG1)
<input type="checkbox"/>	Combi (AG1)
<input type="checkbox"/>	InnaSleeve (AG1)

No Charge Options	
<input type="checkbox"/>	Slimline (More channels, less foam)
<input type="checkbox"/>	Snug Fit (0.3 cm smaller at wrist to 1.2 cm at axilla)
<input type="checkbox"/>	Cover to base of fingers only MP
<input type="checkbox"/>	Cover fingers completely
<input type="checkbox"/>	Low ILD Foam (Less aggressive for fragile skin)
<input type="checkbox"/>	Combi Style Thumb (No thumb coverage)

Additional Charge Options	
<input type="checkbox"/>	JoViJacket - <input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/>	Stitched Finger Glove
<input type="checkbox"/>	Two Piece Arm Sleeve (Separate Hand)
<input type="checkbox"/>	Two Piece JoViJacket
<input type="checkbox"/>	Zipper - elbow to axilla
<input type="checkbox"/>	Zipper - back of hand to mid-forearm (When hand is considerably larger than wrist)
<input type="checkbox"/>	Dorsum Pad (Sewn in) Additional pressure on dorsum
<input type="checkbox"/>	Palm Pad (Sewn in) Equalize pressure on back of hand
<input type="checkbox"/>	Dycem® - Donning aid
<input type="checkbox"/>	Easy-Slide® - Donning aid for garments without stitched fingers
<input type="checkbox"/>	Prepaid Reduction Option

Additional charges will be added for darts or oversized garments, and will be determined by the pattern maker. You will be notified via quote if this occurs. If the patient has arm lobules, please send photos.

Comments:



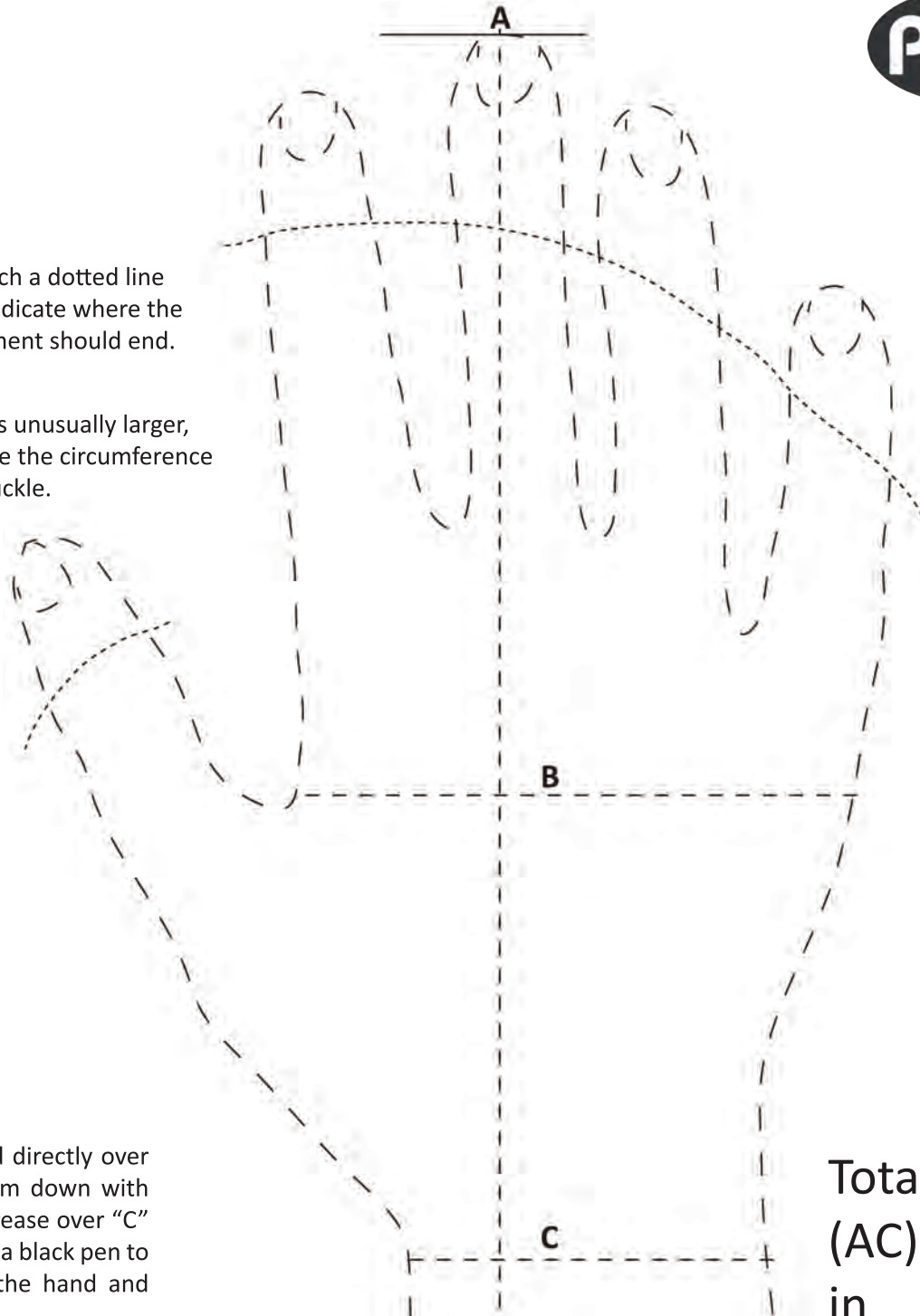
Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

JoviPak Right Hand Tracing



Sketch a dotted line to indicate where the garment should end.

If thumb is unusually larger, please give the circumference of the knuckle.



Place flat hand directly over this guide, palm down with wrist flexion crease over "C" landmark. Use a black pen to trace around the hand and each finger.

Total length
(AC) of hand
in ____ cm

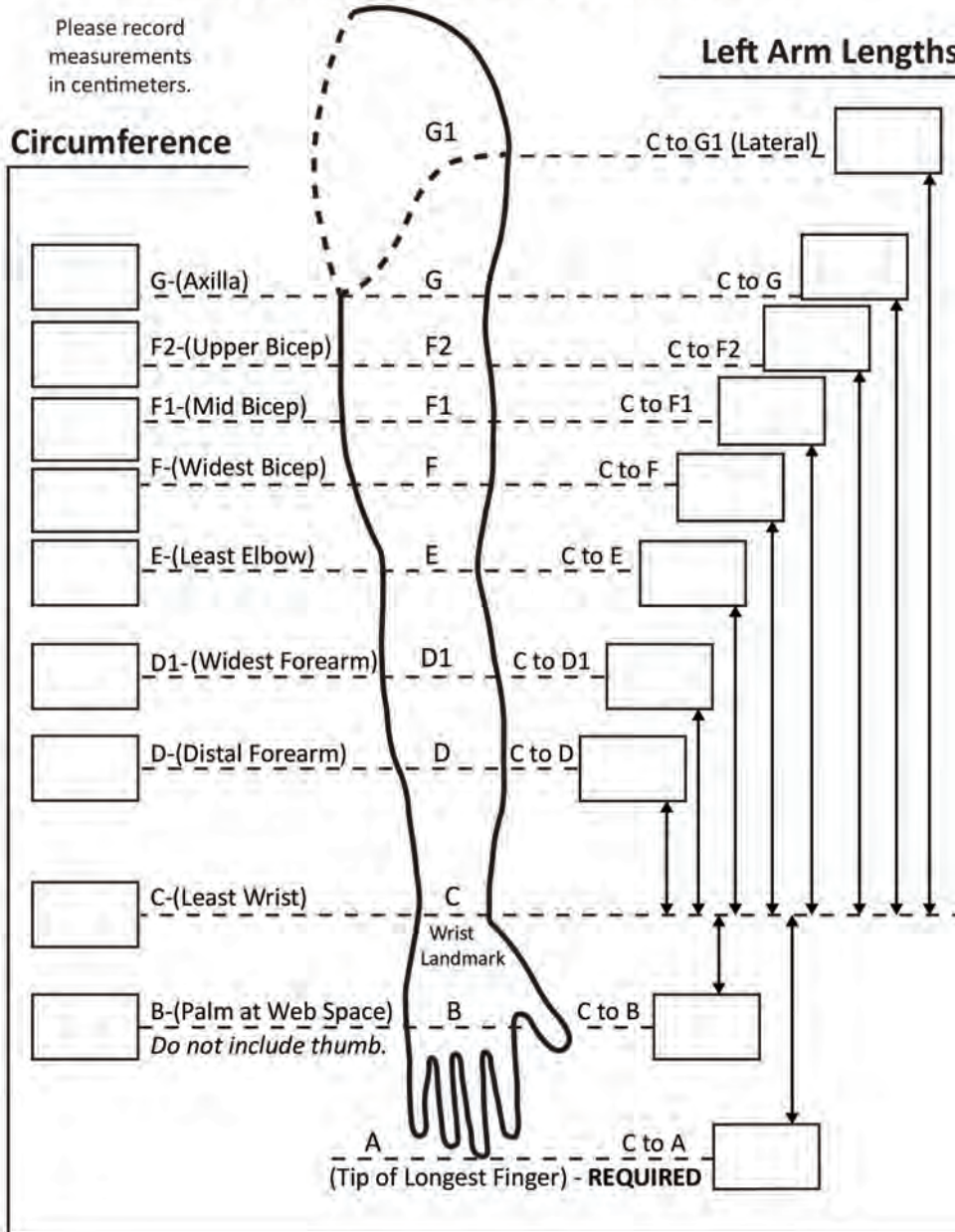


Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example: PT/OT/PTA)
 Date: _____

JoviPak Custom Left Arm Sleeve Order Form

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Please record measurements in centimeters.



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<input type="checkbox"/>	Combi (AG1)
<input type="checkbox"/>	InnaSleeve (AG1)

No Charge Options	
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Comments: _____



Patient Last Name: _____

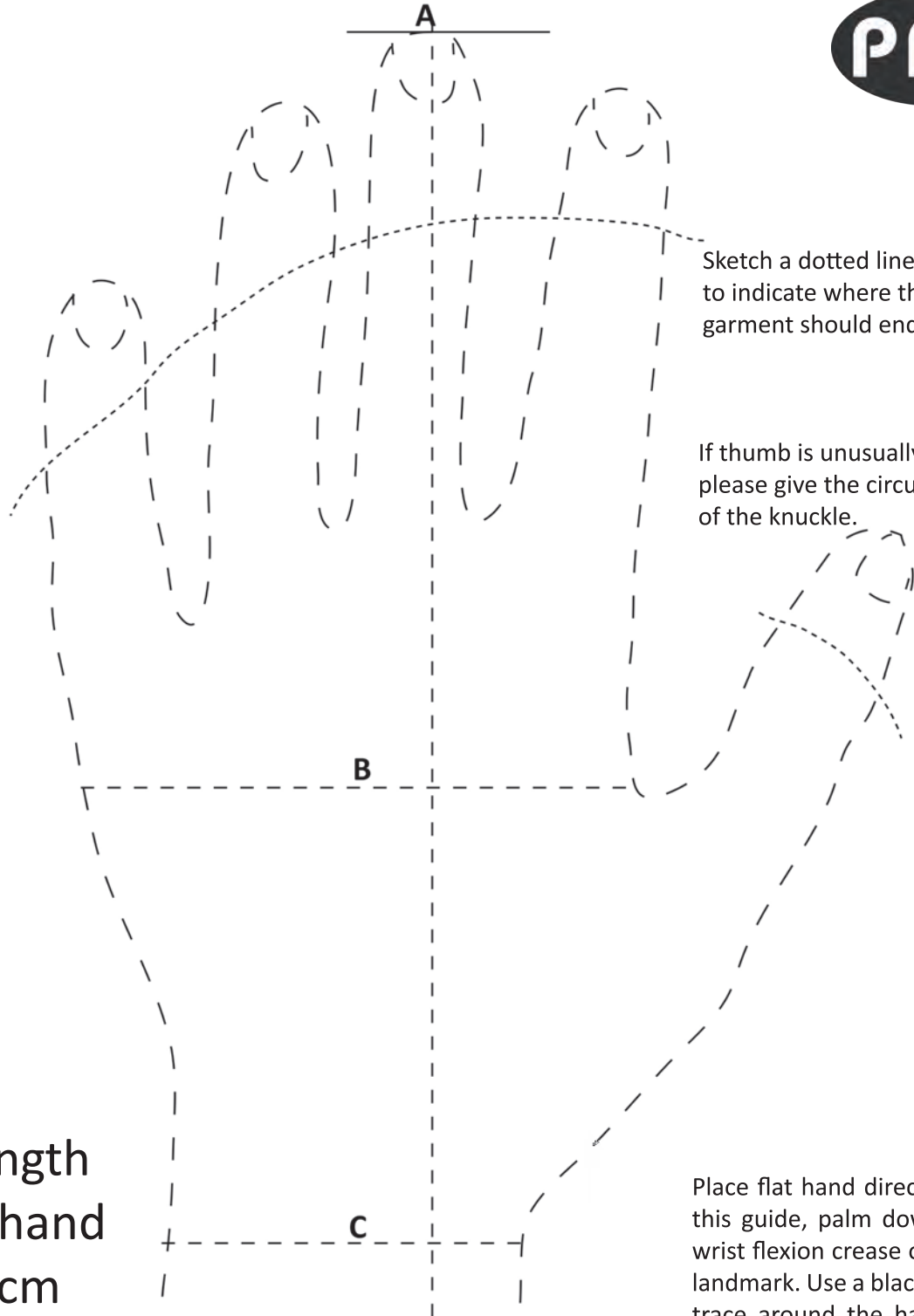
Fitter Last Name: _____

Fitter Title: _____

Date: _____

(Example: Fitter Title)

JoviPak Left Hand Tracing



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