



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

JOVIPAK CUSTOM HIP HUGGER GARMENT MEASUREMENT FORM

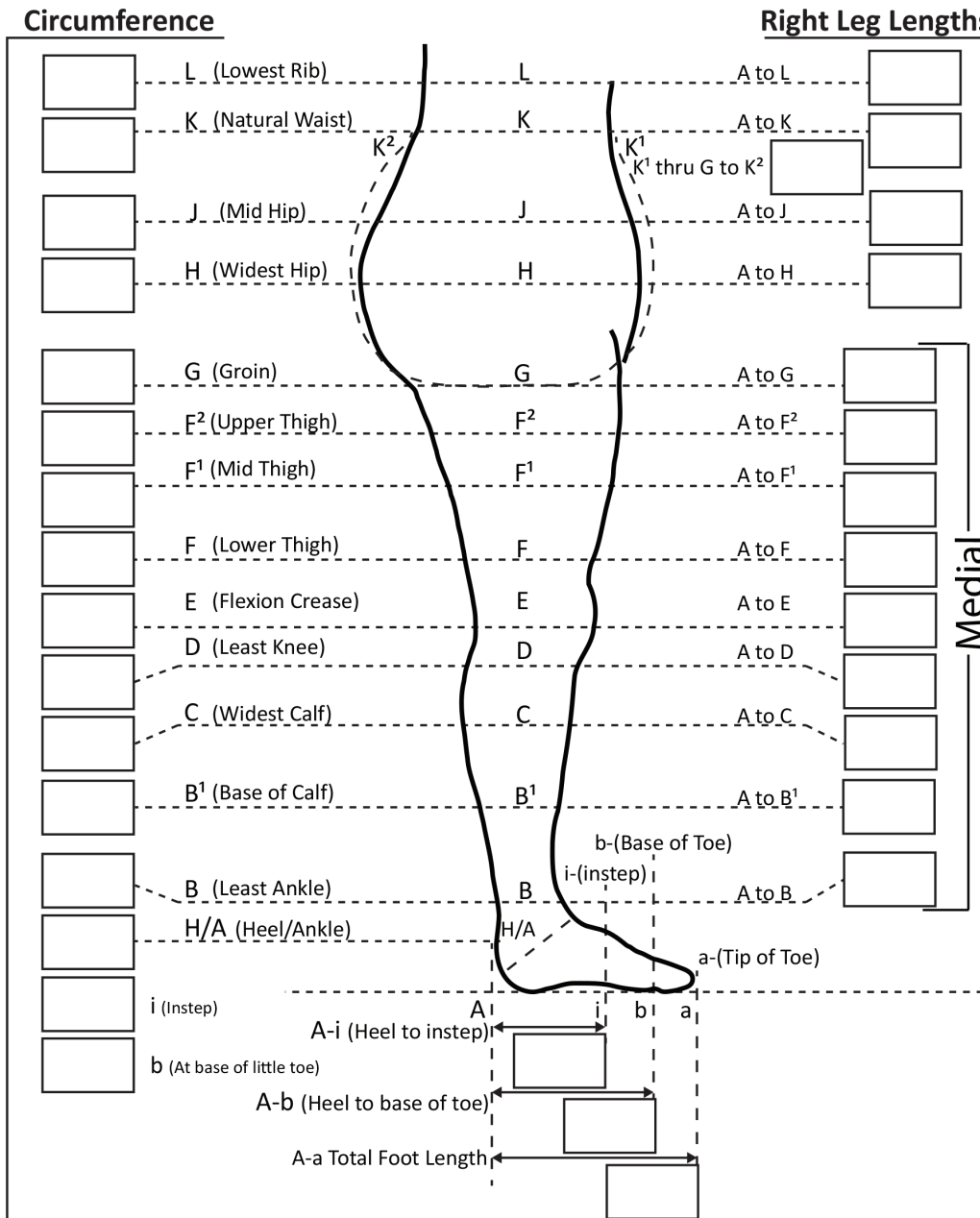
Hip Hugger Organic Cotton/Lycra® Color Options	
	Black
	Ivory
	Royal Blue

Hip Hugger Combi Organic Cotton/Lycra® with Techsheen Color Options	
	Black/Black
	Ivory/Buff



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Hip Hugger/Hip Hugger Combi	
Additional Charge Options	
<input type="checkbox"/>	JoViJacket (DG) <input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/>	Classic Lower Leg (separate)
<input type="checkbox"/>	JoViJacket (AD)- <input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/>	Safety Sok (Matching fabric with non-slip sole)
<input type="checkbox"/>	Zipper - ankle to knee
<input type="checkbox"/>	Dorsum Pad (Sewn in)
<input type="checkbox"/>	Malleolus Pad (Sewn in) <input type="checkbox"/> Medial <input type="checkbox"/> Lateral
<input type="checkbox"/>	Doning Loops
<input type="checkbox"/>	Full Leg (for Hip Hugger only)
<input type="checkbox"/>	JoViJacket (AG)- <input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/>	Safety Sok (Matching fabric with non-slip sole)
<input type="checkbox"/>	Zipper - ankle to knee
<input type="checkbox"/>	Dorsum Pad (Sewn in)
<input type="checkbox"/>	Malleolus Pad (Sewn in) <input type="checkbox"/> Medial <input type="checkbox"/> Lateral
<input type="checkbox"/>	Doning Loops
<input type="checkbox"/>	Dycem® - donning aid
<input type="checkbox"/>	Easy-Slide® - donning aid
<input type="checkbox"/>	Prepaid Reduction Option

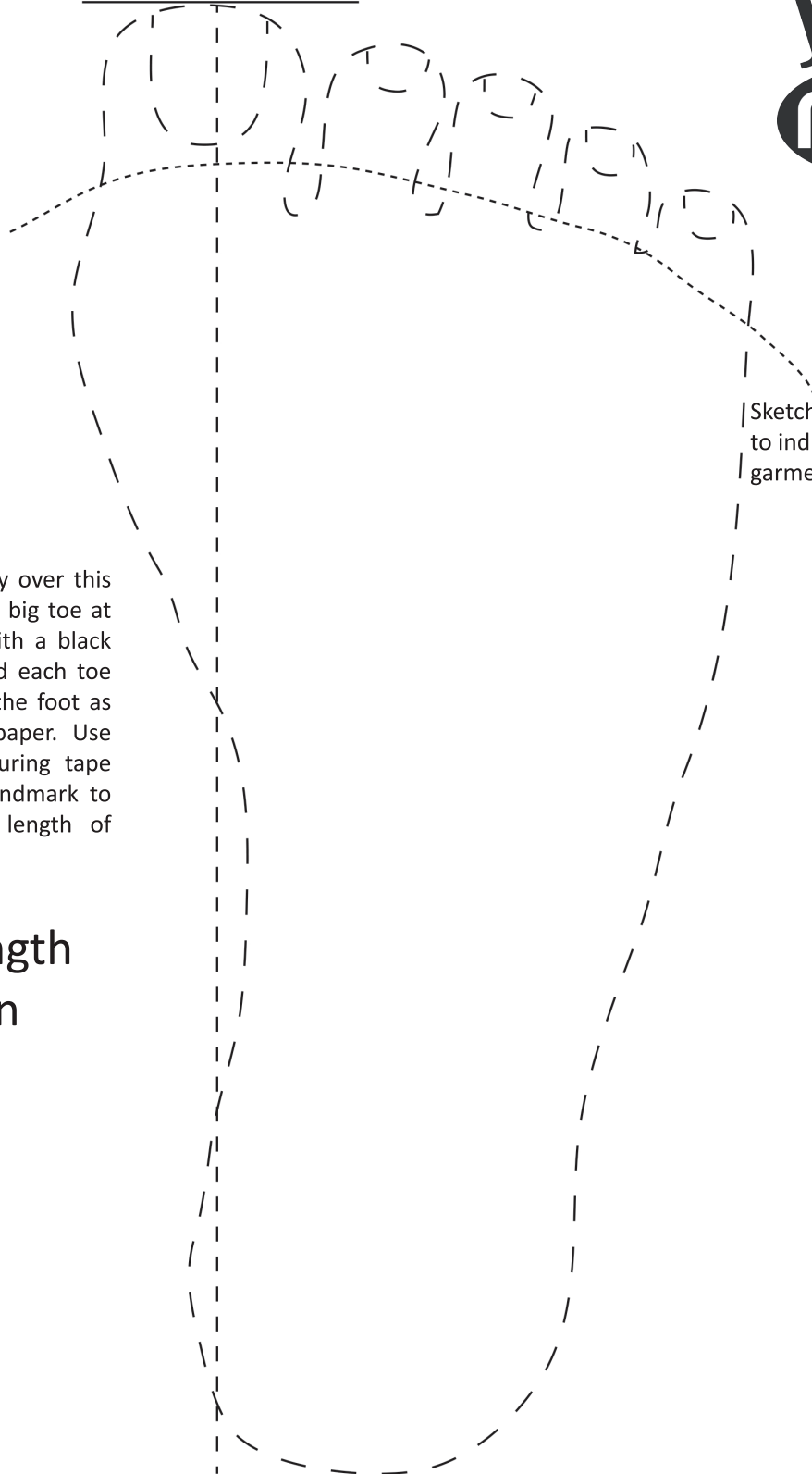
K¹ thru G to K² is measured from center front waist through the crotch up to center back waist.



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Custom Right Foot A

Tracing



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

Place foot directly over this guide, with tip of big toe at "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper. Use a ruler or measuring tape starting at "A" landmark to determine total length of foot.

Total length of foot in _____ cm

Revised 5/1/14



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JOVIPAK CUSTOM HIP HUGGER GARMENT MEASUREMENT FORM

Circumference		Left Leg Lengths	
<input type="text"/>	L (Lowest Rib)	L	A to L
<input type="text"/>	K (Natural Waist)	K	A to K
<input type="text"/>	K ¹ thru G to K ²	K ¹ K ²	
<input type="text"/>	J (Mid Hip)	J	A to J
<input type="text"/>	H (Widest Hip)	H	A to H
<input type="text"/>	G (Groin)	G	A to G
<input type="text"/>	F ² (Upper Thigh)	F ²	A to F ²
<input type="text"/>	F ¹ (Mid Thigh)	F ¹	A to F ¹
<input type="text"/>	F (Lower Thigh)	F	A to F
<input type="text"/>	E (Flexion Crease)	E	A to E
<input type="text"/>	D (Least Knee)	D	A to D
<input type="text"/>	C (Widest Calf)	C	A to C
<input type="text"/>	B ¹ (Base of Calf)	B ¹	A to B ¹
<input type="text"/>	B (Least Ankle)	B	A to B
<input type="text"/>	H/A (Heel/Ankle)	H/A	
<input type="text"/>	i (Instep)	i	A-i (Heel to instep)
<input type="text"/>	b (At base of little toe)	b	A-b (Heel to base of toe)
<input type="text"/>	a (Tip of Toe)	a	A-a Total Foot Length

Hip Hugger/Hip Hugger Combi Additional Charge Options	
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Custom Left Foot Tracing



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