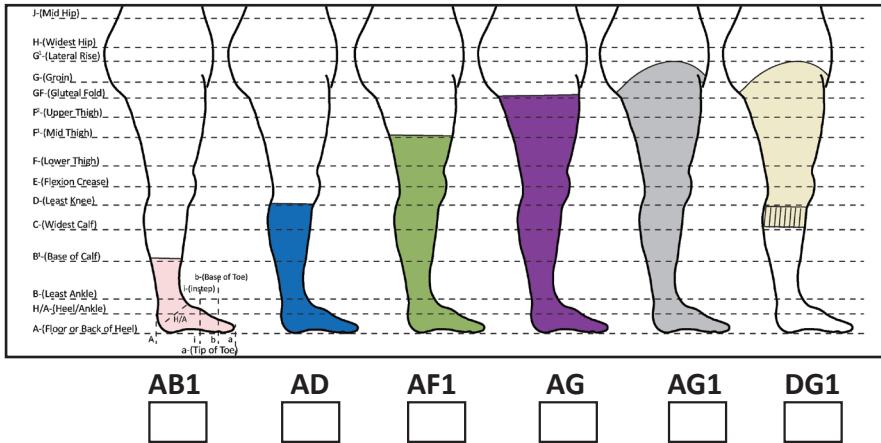




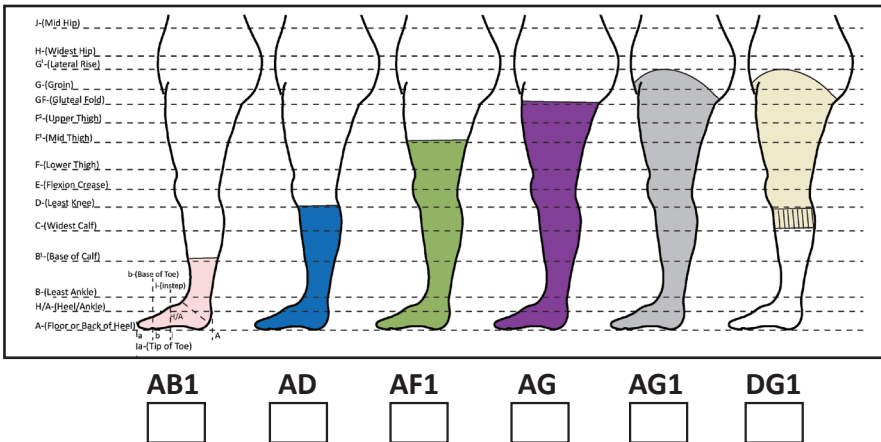
Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ **(example: PT/OT/PTA)**
Date: _____

JoviPak Right Leg Garment Colors



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

JoviPak Left Leg Garment Colors



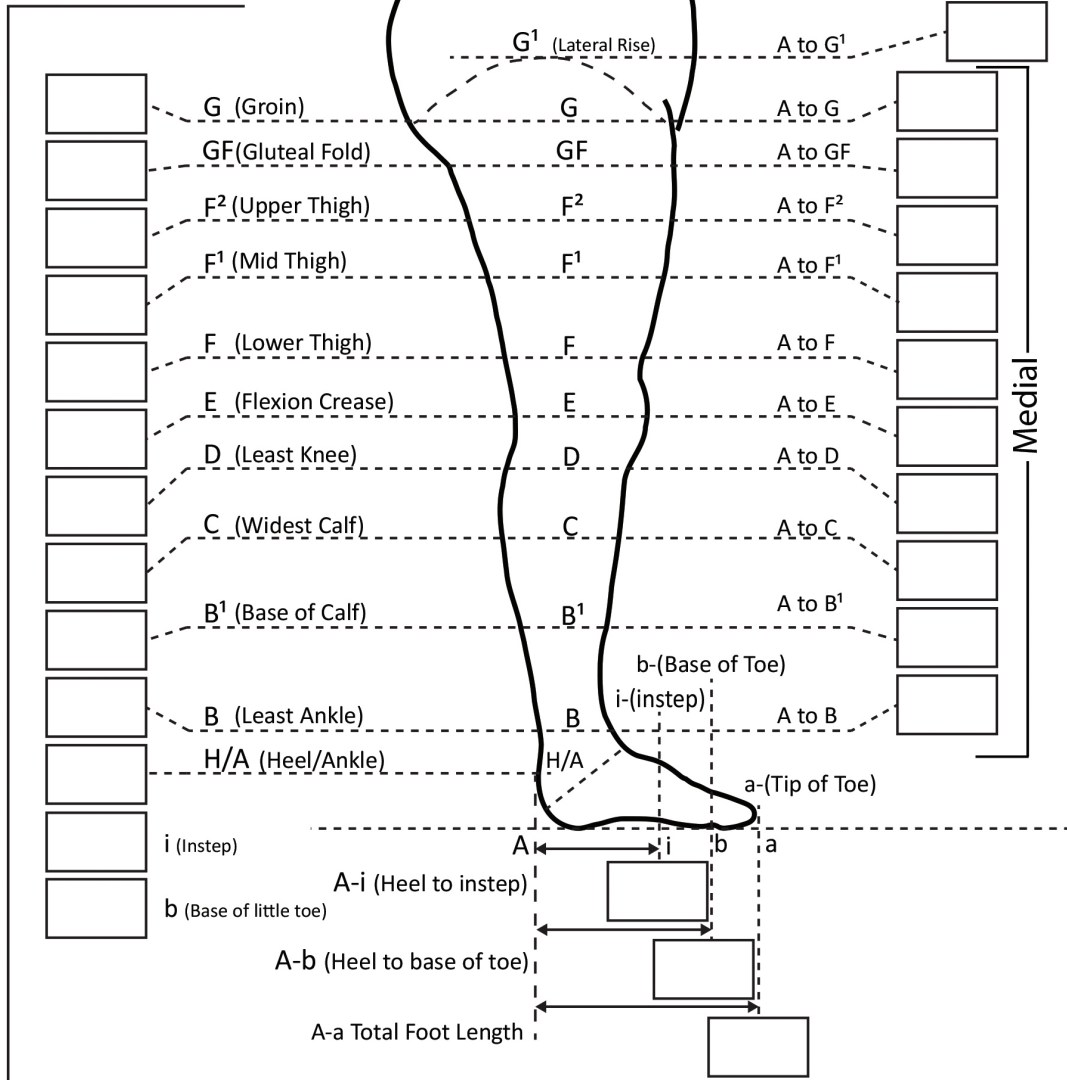
| Organic Cotton/Lycra® Color Options | | |
|-------------------------------------|--|-----------------|
| Black | | Ivory |
| Royal Blue | | |
| Polartec® Power Dry® Color Options | | |
| Black | | Buff |
| French Blue | | Glacier Blue |
| Leaf Green (X-Static®) | | Navy Blue |
| Pink | | Plum |
| Royal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



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

JoviPak Custom Right Leg Garment Order Form

Circumference



Right Leg Lengths

| Styles | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Standard Leg Garment (AD to AG1) |
| <input type="checkbox"/> | ADVI (AD) |
| <input type="checkbox"/> | ADVI Combi (AD) |
| <input type="checkbox"/> | ComfyBoot (AD) |
| <input type="checkbox"/> | InnaBoot (AD or AG) |

| No Charge Options | |
|--------------------------|---|
| <input type="checkbox"/> | Cover to tip of toes |
| <input type="checkbox"/> | Foam Blend - 2 blend (Thin or fragile skin) |
| <input type="checkbox"/> | Flat Posterior Seam (Medium to 2XL only) |

| Additional Charge Options | |
|---------------------------|---|
| <input type="checkbox"/> | JoViJacket - <input type="checkbox"/> Black <input type="checkbox"/> White |
| <input type="checkbox"/> | Safety Sok (Matching fabric with non-slip sole) |
| <input type="checkbox"/> | ADVI Foot Style (Unpadded sole) |
| <input type="checkbox"/> | Zipper - ankle to knee |
| <input type="checkbox"/> | Zipper - knee to groin |
| <input type="checkbox"/> | Dorsum Pad (Sewn in) Additional pressure on dorsum of foot |
| <input type="checkbox"/> | Malleolus Pad (Sewn in) Additional pressure around malleolus <input type="checkbox"/> Medial <input type="checkbox"/> Lateral |
| <input type="checkbox"/> | Doning Loops |
| <input type="checkbox"/> | Pull Tabs on InnaBoot |
| <input type="checkbox"/> | Dycem® - donning aid |
| <input type="checkbox"/> | Easy-Slide® - donning aid |
| <input type="checkbox"/> | Prepaid Reduction Option |

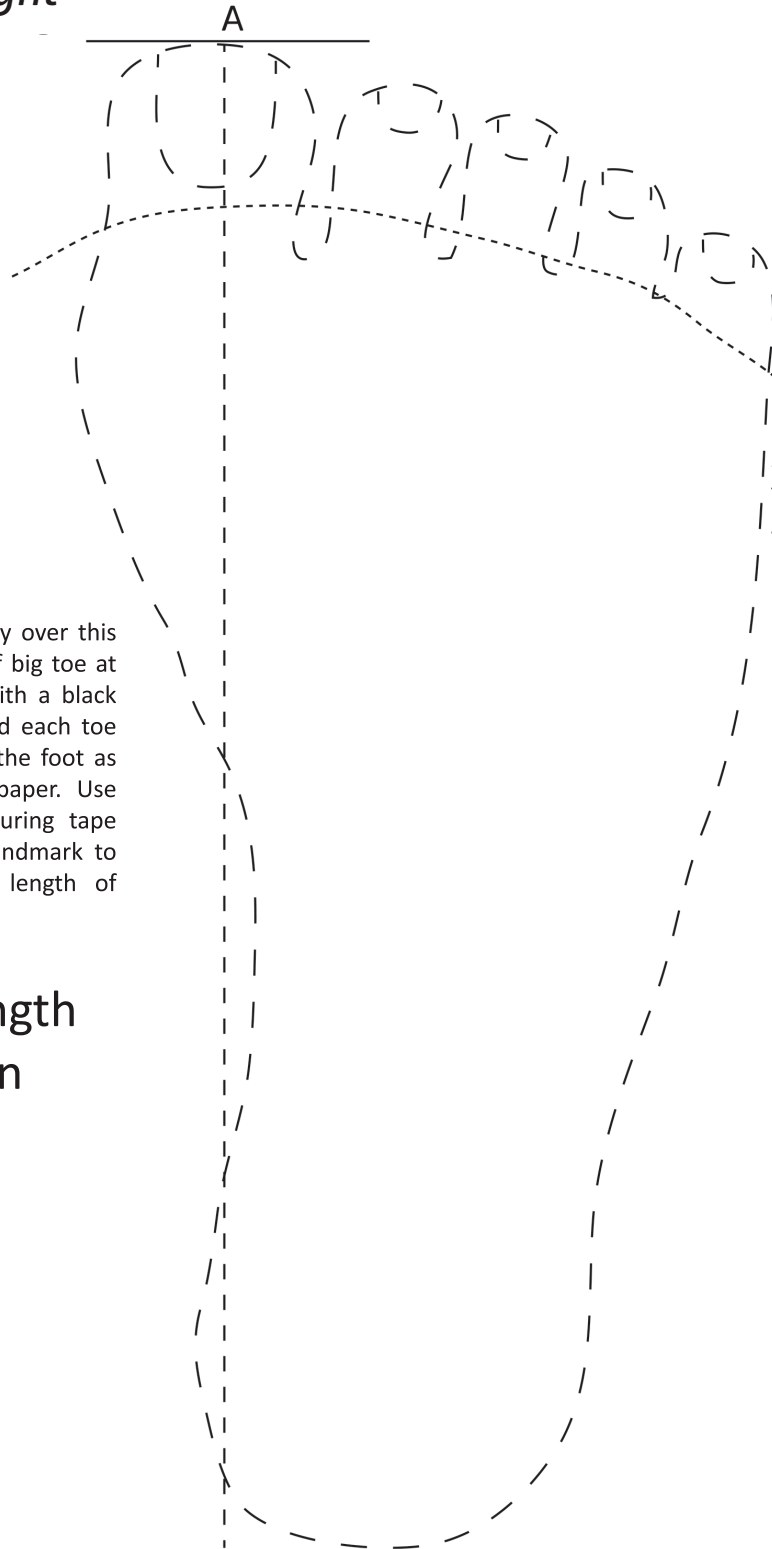
Additional charges will be added for darts or oversized garments, and will be determined by the pattern maker. You will be notified via quote if this occurs. If the patient has leg lobules, please send photos.

Comments:



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

JoviPak Custom Right Foot 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.

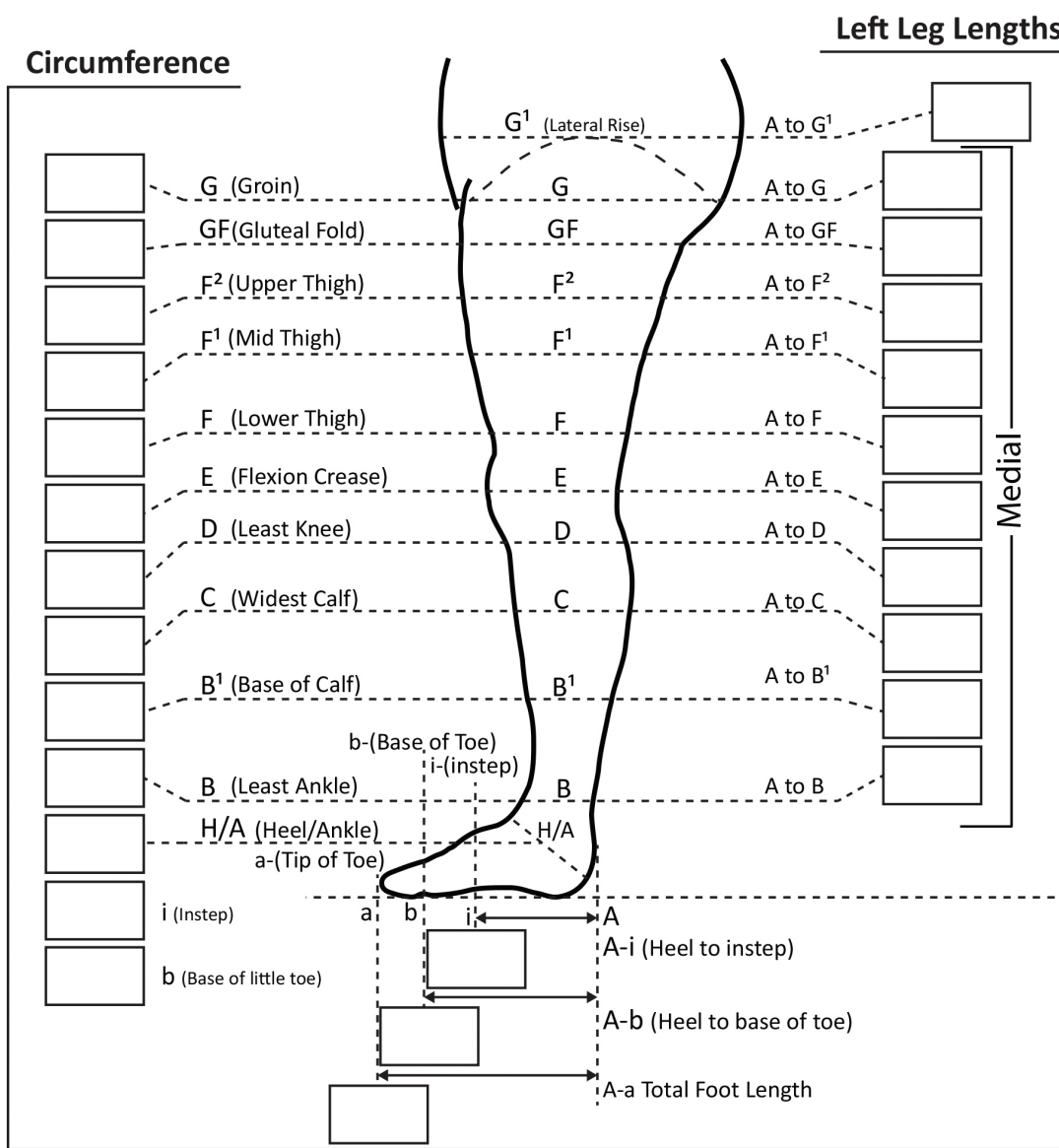
Total length
of foot in
_____ cm

Revised 5/1/14



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

JoviPak Custom Left Leg Garment Order Form



| Styles | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Standard Leg Garment (AD to AG1) |
| <input type="checkbox"/> | ADVI (AD) |
| <input type="checkbox"/> | ADVI Combi (AD) |
| <input type="checkbox"/> | ComfyBoot (AD) |
| <input type="checkbox"/> | InnaBoot (AD or AG) |

| No Charge Options | |
|--------------------------|---|
| <input type="checkbox"/> | Cover to tip of toes |
| <input type="checkbox"/> | Foam Blend - 2 blend (Thin or fragile skin) |
| <input type="checkbox"/> | Flat Posterior Seam |

| Additional Charge Options | |
|---------------------------|---|
| <input type="checkbox"/> | JoViJacket - <input type="checkbox"/> Black <input type="checkbox"/> White |
| <input type="checkbox"/> | Safety Sok (Matching fabric with non-slip sole) |
| <input type="checkbox"/> | ADVI Foot Style (Unpadded sole) |
| <input type="checkbox"/> | Zipper - ankle to knee |
| <input type="checkbox"/> | Zipper - knee to groin |
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| <input type="checkbox"/> | Malleolus Pad (Sewn in) Additional pressure around malleolus <input type="checkbox"/> Medial <input type="checkbox"/> Lateral |
| <input type="checkbox"/> | Doning Loops |
| <input type="checkbox"/> | Pull Tabs on InnaBoot |
| <input type="checkbox"/> | Dycem® - donning aid |
| <input type="checkbox"/> | Easy-Slide® - donning aid |
| <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 leg 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 Custom Right Foot 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