



JoViPak

Bellisse & Breast and Chest Wall Pads Ready-to-Wear

FAX COMPLETED FORM TO 1-877-760-4943



SHIPPING ADDRESS		<input type="checkbox"/> Same as Billing Address
Business Name		
Address		
Attention		
City	State	
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.)

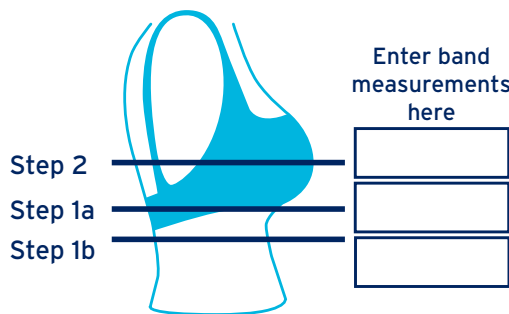
For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)

Step 1: Determine the band size:

- Measure circumferentially below the bust where a regular bra sits.
- Drop the tape 2 - 3" (5 - 8cm) and measure around the bottom of the rib cage.
- Use the larger of these two measurements as the band size. Round odd numbers up. i.e.: 31 = 32

Step 2: Determine the cup size:

- Measure circumferentially around the fullest part of the bust.
- Subtract the determined band size measurement from the bust (either 1a or 1b depending on which one is larger) measurement to determine cup size.



Difference

- 2" or less (5cm or less)
- 2 - 4" (5 - 10cm)
- 4 - 6" (10 - 15.25cm)

Cup Size

- A/B
- C/D
- DD/E

If there is a difference of more than 6" (15.25cm), increase by one band size.

BELLISSE SIZE:

BELLISSE COLOR	PAD COLOR
<input type="checkbox"/> Buff <input type="checkbox"/> Black	<input type="checkbox"/> Buff <input type="checkbox"/> Black

PADS

Style: _____

Size: _____

Style: _____

Size: _____

Style: _____

Size: _____

Comments/Quantity:

Luna Medical, Inc. · Specialists in Venous & Lymphatic Insufficiencies

1057 W. Grand Ave · Suite 1 · Chicago, IL 60642 · Phone (800) 380-4339 · Fax (888) 696-0299 · www.lunamedical.com



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Bellisse - Buff				
BAND SIZE (INCHES)	BAND SIZE (CENTIMETERS)	A/B CUP	C/D CUP	DD/E CUP
30	76.3			Not Available
32	81.3			
34	86.4			
36	91.4			
38	96.5			
40	101.6			
42	106.7			
44	111.8			
46	116.8			
48	121.9			
50	127	Not Available		

Bellisse - Black				
BAND SIZE (INCHES)	BAND SIZE (CENTIMETERS)	A/B CUP	C/D CUP	DD/E CUP
30	76.3	Not Available	Not Available	Not Available
32	81.3			
34	86.4			
36	91.4			
38	96.5			
40	101.6			
42	106.7			
44	111.8			
46	116.8			
48	121.9			
50	127	Not Available		

Breast and Chest Wall Pads (unless indicated, sizing based on band measurement)

Small 30 - 34" (76.3 - 86.4cm), Medium 36 - 40" (91.4 - 101.6cm), Large 42 - 44" (106.7 - 111.8cm), XLarge 46 - 50" (116.8 - 127cm)

Buff	Quantity
Axilla Pad (widest bicep measurement)	S/M (30-38cm) <input type="checkbox"/> M/L (38-46cm) <input type="checkbox"/>
Bellisse® Extender	One Size <input type="checkbox"/>
Chest Wall Pocket Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Cleavage Pad	One Size <input type="checkbox"/>
Double Mastectomy Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
Drain Pocket	One Size <input type="checkbox"/>
Inframammary Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Lateral Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
Mini-Axilla Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Padded Insert (cup size)	A/B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DD/E <input type="checkbox"/>
Post-Lumpectomy Pad (cup size)	A/B <input type="checkbox"/> C <input type="checkbox"/> D/DD <input type="checkbox"/> E <input type="checkbox"/>
Serratus Anterior Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Unilateral Post-Mastectomy Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>

Black	Quantity
Axilla Pad (widest bicep measurement)	S/M (30-38cm) <input type="checkbox"/> M/L (38-46cm) <input type="checkbox"/>
Bellisse® Extender	One Size <input type="checkbox"/>
Chest Wall Pocket Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Cleavage Pad	One Size <input type="checkbox"/>
Double Mastectomy Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
Drain Pocket	One Size <input type="checkbox"/>
Inframammary Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Lateral Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
Mini-Axilla Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Padded Insert (cup size)	A/B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DD/E <input type="checkbox"/>
Post-Lumpectomy Pad (cup size)	A/B <input type="checkbox"/> C <input type="checkbox"/> D/DD <input type="checkbox"/> E <input type="checkbox"/>
Serratus Anterior Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Unilateral Post-Mastectomy Pad	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>



Axilla Pad



Bellisse® Extender



Chest Wall Pocket Pad



Cleavage Pad



Double Mastectomy Pad



Drain Pocket



Inframammary Pad



Lateral Pad



Mini-Axilla Pad



Padded Insert



Post-Lumpectomy Pad



Serratus Anterior Pad



Unilateral Post-Mastectomy