



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

JOVIPAK CUSTOM FULL LEG GARMENT MEASUREMENT FORM

J-(Mid Hip)
 H-(Widest Hip)
 G-(Lateral Rise)
 G-(Groin)
 GF-(Gluteal Fold)
 F-(Upper Thigh)
 P-(Mid Thigh)
 F-(Lower Thigh)
 E-(Flexion Crease)
 D-(Least Knee)
 C-(Widest Calf)
 B-(Base of Calf)
 B-(Least Ankle)
 H/A-(Heel/Ankle)
 A-(Floor or Back of Heel)

b-(Base of Toe)
 i-(Instep)
 a-(Tip of Toe)

AB1 **AD** **AF1** **AG** **AG1** **DG1**

Organic Cotton/Lycra® Color Options		
<input type="checkbox"/>	Black	<input type="checkbox"/>
<input type="checkbox"/>	Royal Blue	<input type="checkbox"/>
<input type="checkbox"/>	Ivory	<input type="checkbox"/>
Polartec® Power Dry® Color Options		
<input type="checkbox"/>	Black	<input type="checkbox"/>
<input type="checkbox"/>	French Blue	<input type="checkbox"/>
<input type="checkbox"/>	Leaf Green	<input type="checkbox"/>
<input type="checkbox"/>	Pink	<input type="checkbox"/>
<input type="checkbox"/>	Royal Blue	<input type="checkbox"/>
<input type="checkbox"/>	Buff	<input type="checkbox"/>
<input type="checkbox"/>	Glacier Blue	<input type="checkbox"/>
<input type="checkbox"/>	Navy Blue	<input type="checkbox"/>
<input type="checkbox"/>	Plum	<input type="checkbox"/>
<input type="checkbox"/>	Stainless Steel	<input type="checkbox"/>
<input type="checkbox"/> White (soft pink hue)		

J-(Mid Hip)
 H-(Widest Hip)
 G-(Lateral Rise)
 G-(Groin)
 GF-(Gluteal Fold)
 F-(Upper Thigh)
 P-(Mid Thigh)
 F-(Lower Thigh)
 E-(Flexion Crease)
 D-(Least Knee)
 C-(Widest Calf)
 B-(Base of Calf)
 B-(Least Ankle)
 H/A-(Heel/Ankle)
 A-(Floor or Back of Heel)

b-(Base of Toe)
 i-(Instep)
 a-(Tip of Toe)

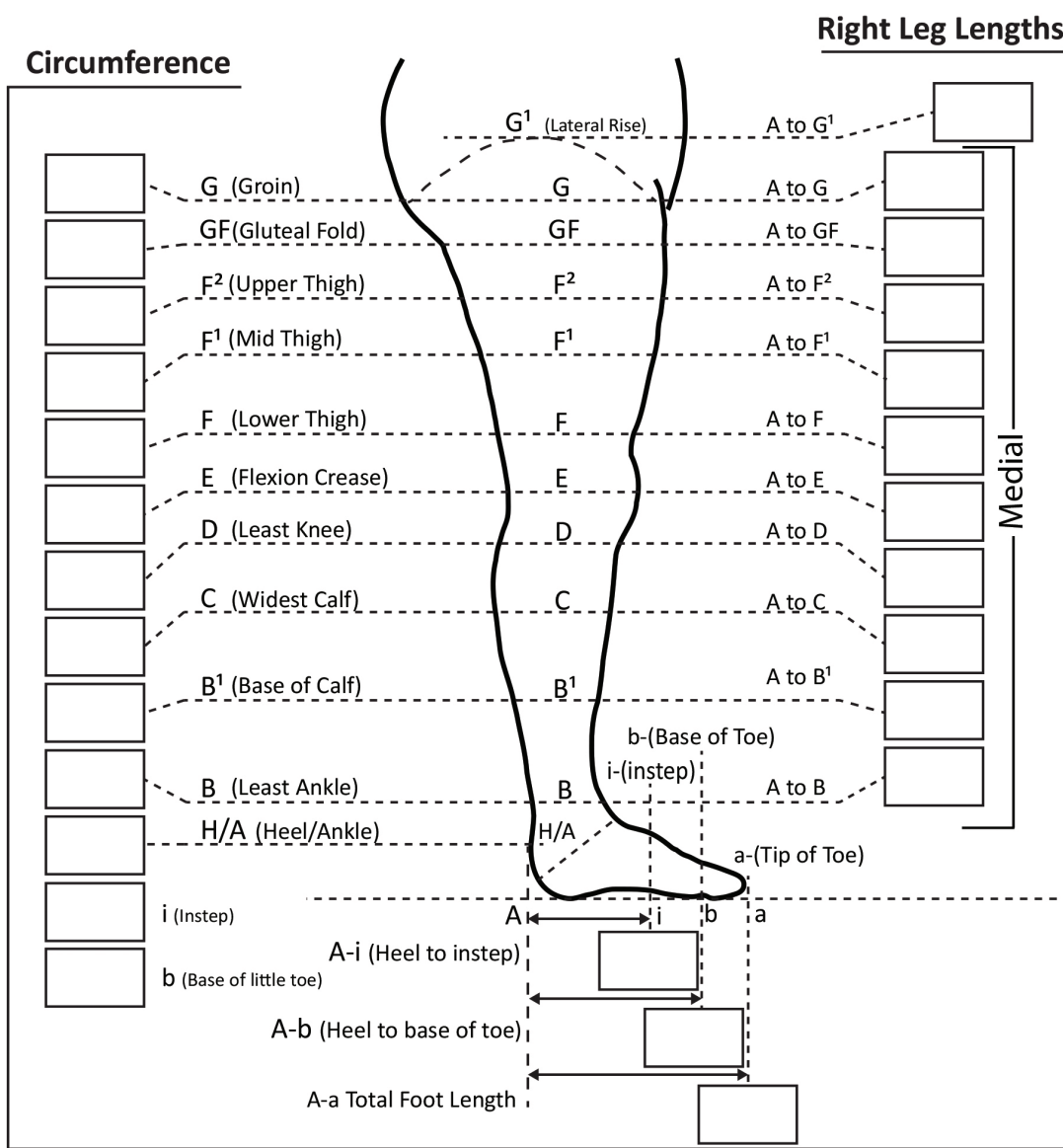
AB1 **AD** **AF1** **AG** **AG1** **DG1**

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



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JOVIPAK CUSTOM RIGHT 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 (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.

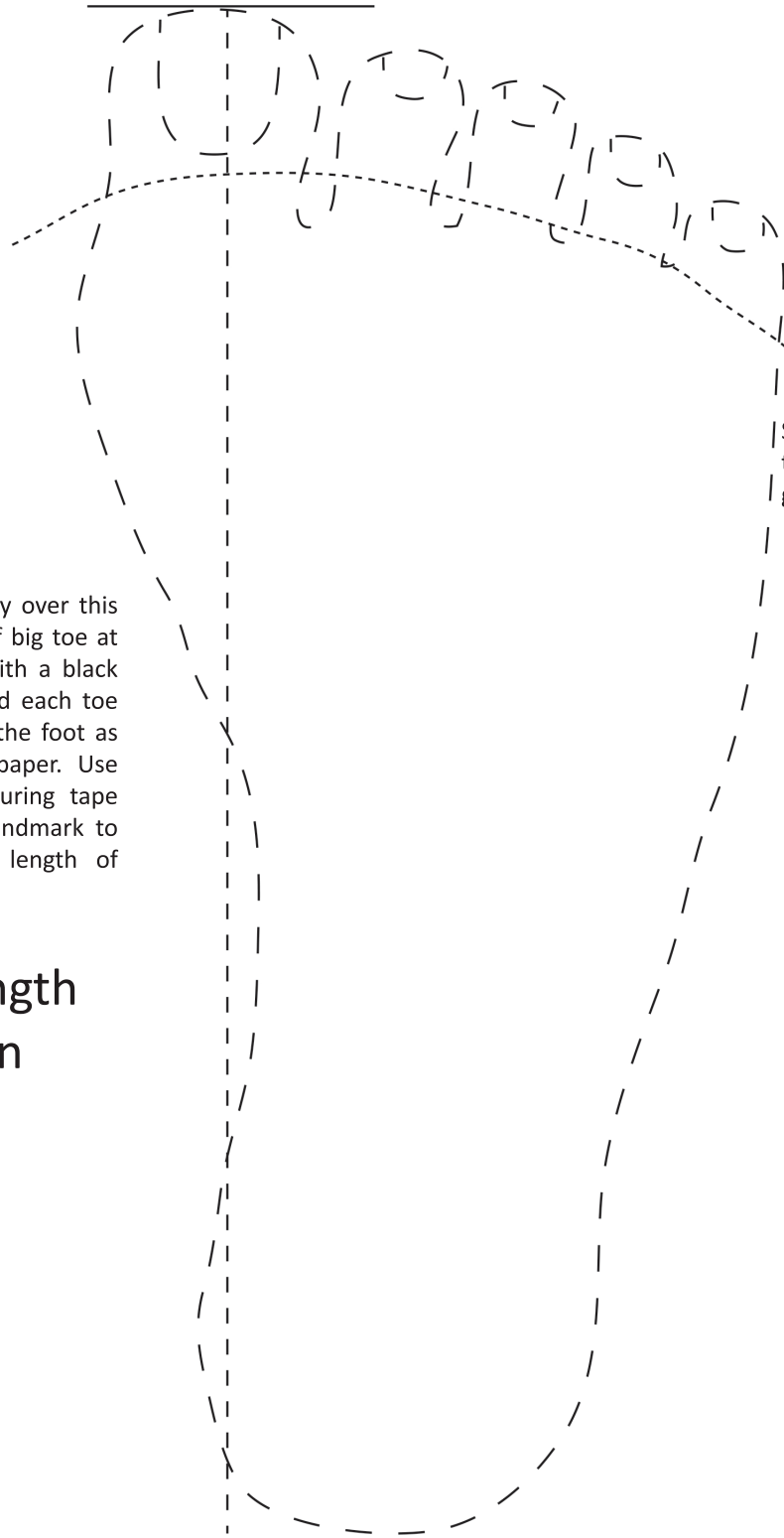
Comments:



Patient Last Name: _____ Patient First Name: _____
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 Date: _____

Custom Right Foot ^A

Tracing



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

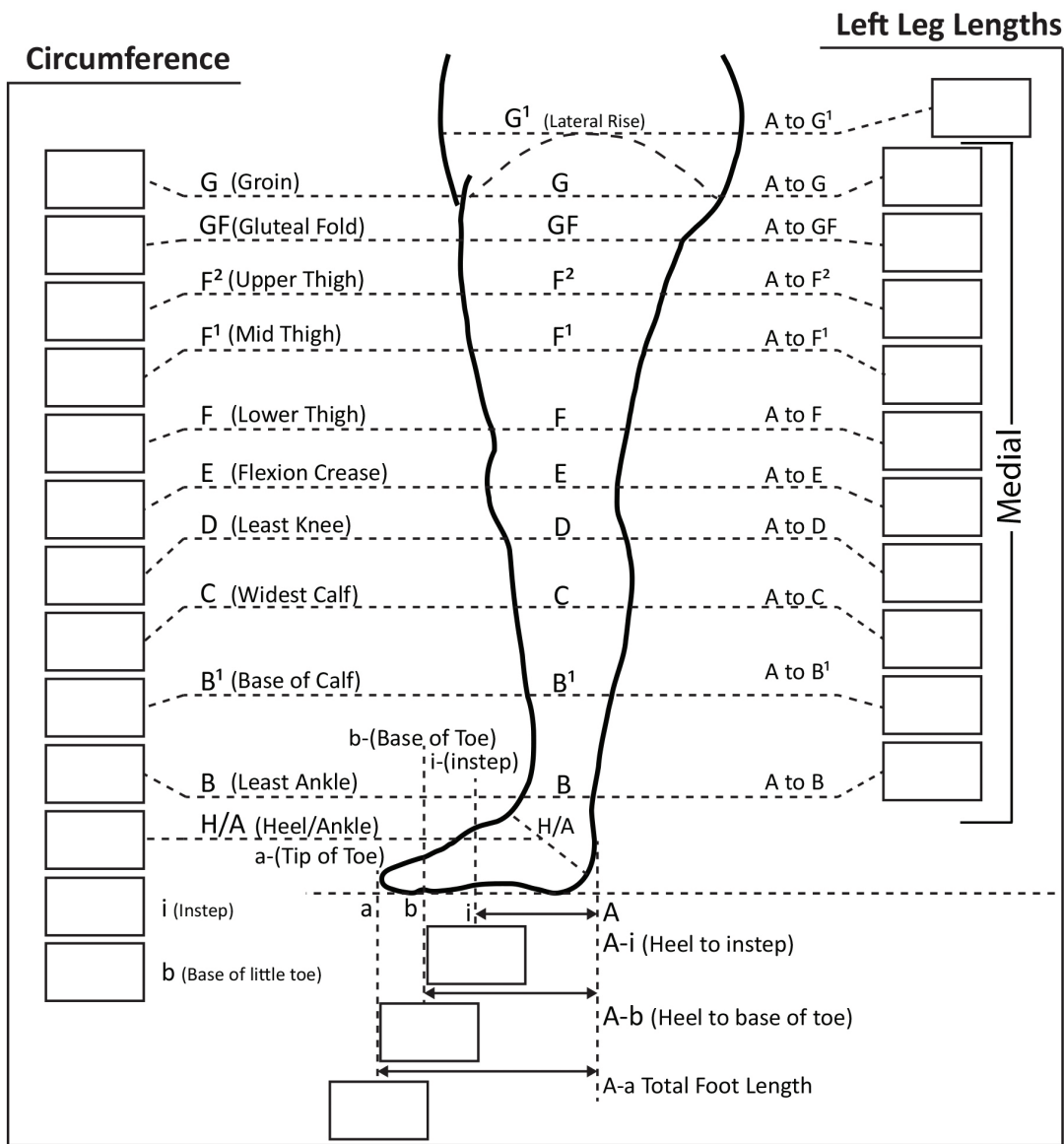
Place foot directly over this guide, with tip of big toe at "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper. Use a ruler or measuring tape starting at "A" landmark to determine total length of foot.

Total length of foot in _____ cm



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JOVIPAK CUSTOM LEFT LEG GARMENT ORDER FORM



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:

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
<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



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Custom Left 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