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

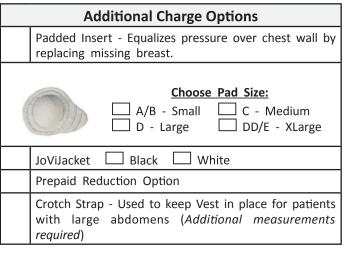


Custom Vest JoViPak Order Form

FAX THIS FORM TOLL FREE TO: 1-877-760-4943

	Lumpectomy 🗆 Left 🗔 Right Reconstruction 🗔 Left 🗔 Right		
Circumferences	S-(Suprasternal Notch) Lengths	Channels and Padding Unilateral with Full Padding (Horizontal)	
R-(Torso at Axilla) K to S N-(Largest Chest) K to N M-(Xyphoid Process) K to M L-(Lowest Rib) K to L K-(Natural Waist) K to K J-(Mid Hip) K thru G to K For Crotch Strap Option Only	Unilateral with Half Padding (Horizontal) Left Side Right Side Bilateral with Full Padding (Vertical) Bilateral with Half Padding (Vertical) Left Side Right Side		
	K thru G to K	No Charge Options Slimline (More channels and less padding) Low ILD Foam (For compromised tissue) End garment at waist	

Comments:



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