



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

Mastectomy Left Right
 Lumpectomy Left Right
 Reconstruction Left Right

Circumferences


R-(Torso at Axilla)
 N-(Largest Chest)
 M-(Xyphoid Process)
 L-(Lowest Rib)
 K-(Natural Waist)
 J-(Mid Hip)

Lengths
 S-(Suprasternal Notch)
 K to S
 K to R
 K to N
 K to M
 K to L
 K thru G to K
For Crotch Strap Option Only

Channels and Padding	
<input type="checkbox"/>	Unilateral with Full Padding (Horizontal)
<input type="checkbox"/>	Unilateral with Half Padding (Horizontal) <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side
<input type="checkbox"/>	Bilateral with Full Padding (Vertical)
<input type="checkbox"/>	Bilateral with Half Padding (Vertical) <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side

No Charge Options	
<input type="checkbox"/>	Slimline (<i>More channels and less padding</i>)
<input type="checkbox"/>	Low ILD Foam (<i>For compromised tissue</i>)
<input type="checkbox"/>	End garment at waist

Comments:

Additional Charge Options	
<input type="checkbox"/>	Padded Insert - Equalizes pressure over chest wall by replacing missing breast.
	Choose Pad Size: <input type="checkbox"/> A/B - Small <input type="checkbox"/> C - Medium <input type="checkbox"/> D - Large <input type="checkbox"/> DD/E - XLarge
<input type="checkbox"/>	JoViJacket <input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/>	Prepaid Reduction Option
<input type="checkbox"/>	Crotch Strap - Used to keep Vest in place for patients with large abdomens (<i>Additional measurements required</i>)