

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

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

ORDER SPECIFICATIONS

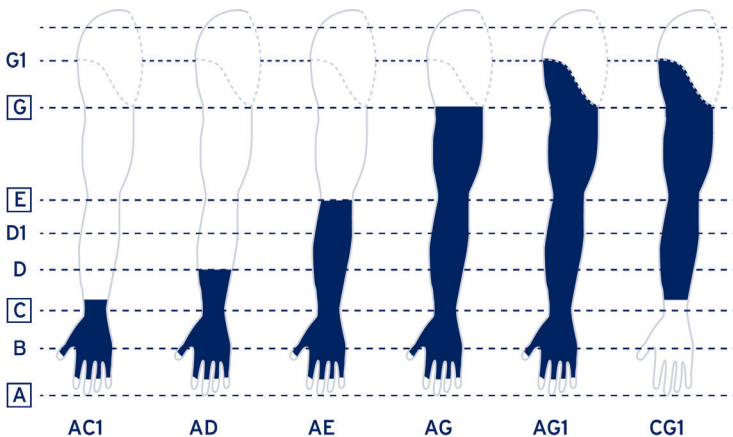
Quote Only Quote & Proceed

RUSH OPTION Additional 25% charge for 3 business day production period

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

\$10.00 to business addresses; \$13.25 to residential addresses
 (Additional services may be available; contact JoViPak to discuss.)



Polartec® Power Dry® Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Pink
<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	

SUPER Powernet Colors (InnaSleeve only)	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> White	

JoViPak

Measure extended arm in relaxed position, palm up

Please record measurements in centimeters.

G1 Lateral Rise Options:

- 6.35 cm (default)
- 10.15 cm

Circumference

Left Right

<input type="text"/>	<input type="text"/>	G (Axilla)	G	C to G	<input type="text"/>
<input type="text"/>	<input type="text"/>	F2 (Upper Bicep)	F2	C to F2	<input type="text"/>
<input type="text"/>	<input type="text"/>	F1 (Mid Bicep)	F1	C to F1	<input type="text"/>
<input type="text"/>	<input type="text"/>	F (Lower Bicep)	F	C to F	<input type="text"/>
<input type="text"/>	<input type="text"/>	E (Least Elbow)	E	C to E	<input type="text"/>
<input type="text"/>	<input type="text"/>	D1 (Widest Forearm)	D1	C to D1	<input type="text"/>
<input type="text"/>	<input type="text"/>	D (Distal Forearm)	D	C to D	<input type="text"/>
<input type="text"/>	<input type="text"/>	C (Least Wrist)	C	Wrist Landmark	
<input type="text"/>	<input type="text"/>	B (Palm at Web Space) Do not include thumb	B	C to B	<input type="text"/>
<input type="text"/>	<input type="text"/>	A (Tip of Longest Finger) - REQUIRED	A	C to A	<input type="text"/>

Arm Lengths

Measure Lengths medially

Styles	
<input type="checkbox"/>	Standard Arm Sleeve (AC1 to AG1)
<input type="checkbox"/>	InnaSleeve (AG - Organic Cotton with attached SUPER Powernet JoViJacket)
No Charge Options	
<input type="checkbox"/>	Slimline (more channels and less foam than standard channelling)
<input type="checkbox"/>	Cover to base of fingers
<input type="checkbox"/>	Cover fingers completely
<input type="checkbox"/>	2 Blend Foam (Low ILD)
Additional Charge Options	
JoViJacket <input type="checkbox"/> Black <input type="checkbox"/> White (JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness)	
<input type="checkbox"/>	Stitched Finger Glove
<input type="checkbox"/>	Pad - Dorsum (sewn in; provides additional pressure on dorsum)
<input type="checkbox"/>	Palm Pad (sewn in; equalizes pressure in palm area)
<input type="checkbox"/>	Two Piece Arm Sleeve (AG1 or AG - separate hand; JoViJacket will match garment)
<input type="checkbox"/>	Zipper - dorsum to mid-forearm
<input type="checkbox"/>	Zipper - elbow to axilla
<input type="checkbox"/>	Zipper - wrist to elbow
<input type="checkbox"/>	Dycem® - donning aid
<input type="checkbox"/>	Arion Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
<input type="checkbox"/>	Prepaid Reduction Option

Pictures are needed if the patient has lobules, is over-sized or has some other issue. Please send pictures (no patient faces) to info@jovipak.com

Dycem® is a registered trademark of Dycem Ltd.



Arion Easy-Slide Arm on

- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid



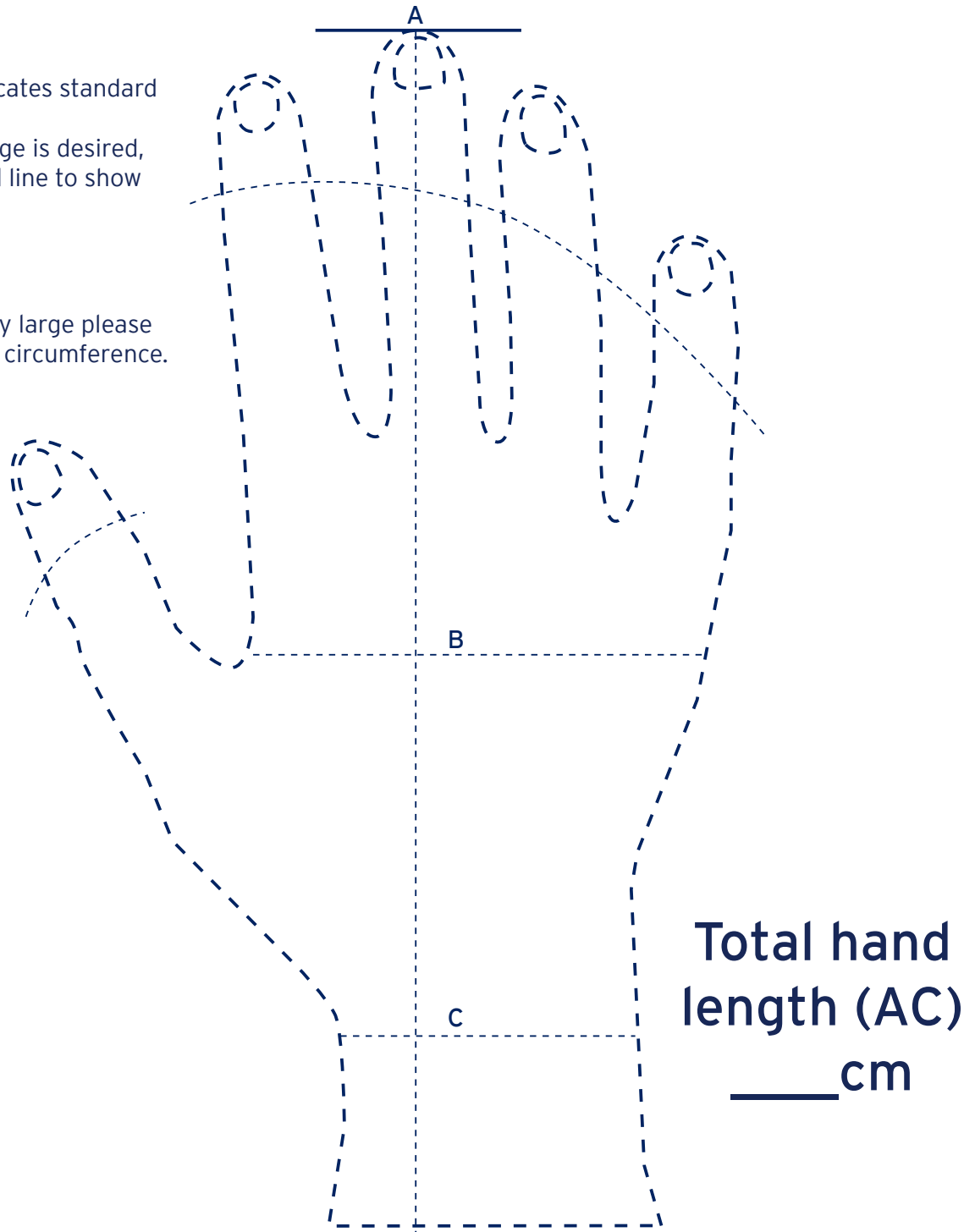
Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	14.5"-15.1" (37-38.5cm)	7966102	1	
Large	15.3"-16.1" (39-41cm)	7510001	1	

Custom Hand Tracing Right Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

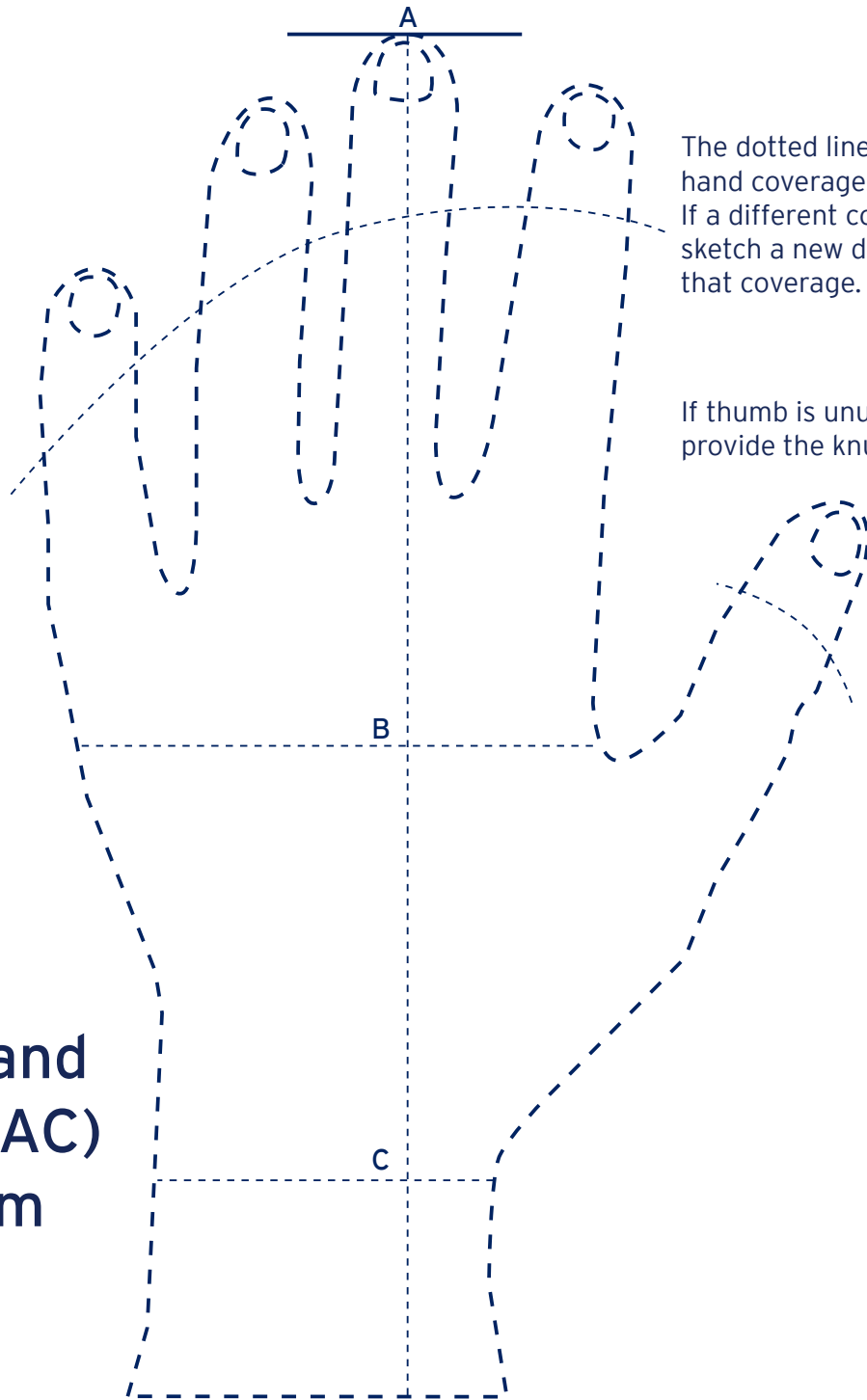
The dotted line indicates standard hand coverage.
If a different coverage is desired, sketch a new dotted line to show that coverage.

If thumb is unusually large please provide the knuckle circumference.



Custom Hand Tracing Left Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.



The dotted line indicates standard hand coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

If thumb is unusually large please provide the knuckle circumference.

Total hand length (AC)
_____ cm