



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



Shoulder-Torso Arm Sleeves Custom



Standard Two Piece Arm Sleeve with optional Bilateral Arms, Padded Torso, Arm Sling & Dorsum Zipper



Optional Padded Torso & One Piece Arm Sleeve

Garments are produced with **Slimline** channeling (more channels & less foam than standard channeling) & as a **Two Piece** garment (separate hand). If a JoviJacket is selected, it will also be Two Piece.

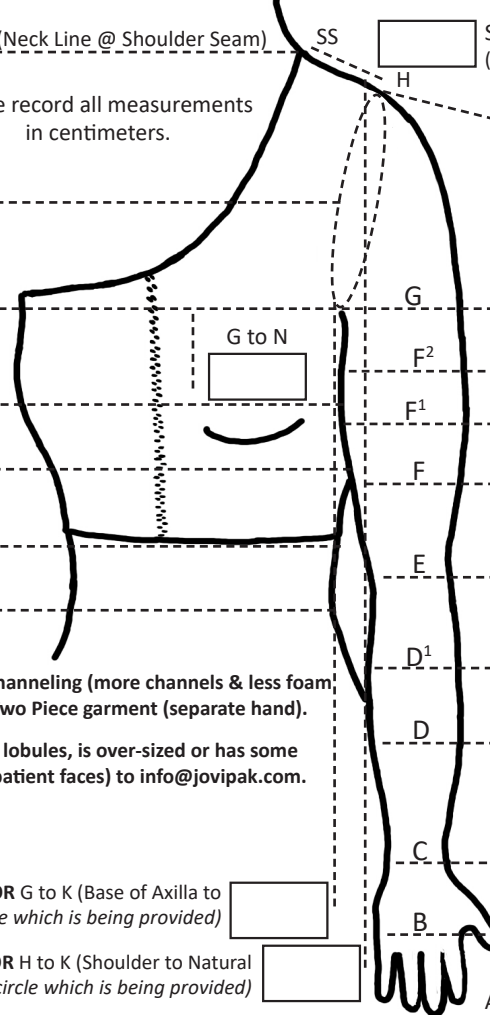


Standard unpadded torso with One Piece Arm Sleeve & recommended JoViJacket

| Polartec® Power Dry® Colors | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Buff | <input type="checkbox"/> French Blue |
| <input type="checkbox"/> Glacier Blue | <input type="checkbox"/> Leaf Green (X-Static®) | <input type="checkbox"/> Navy Blue |
| <input type="checkbox"/> Pink | <input type="checkbox"/> Plum | <input type="checkbox"/> Royal Blue |
| <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> White (soft pink hue) | |
| Polartec® Silkweight Colors | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Blue Ridge | |

Comments:


Patient Name: _____ Previous Patient? Yes Gender F M
 Height: _____ Weight: _____ Birthdate: _____ Left Arm Right Arm
 Mastectomy Left Right Lumpectomy Left Right Reconstruction Left Right

| BODY | | ARM |
|--|--|--|
| SS (Neck Line @ Shoulder Seam) SS <input type="text"/> SS to H (Length: Neck Line to Tip of Acromiom Process) | | |
| Please record all measurements in centimeters. | | |
| <p>Circumferences</p> <p>H to G to H (Arm Hole) <input type="text"/></p> <p>G (Torso @ Axilla) <input type="text"/></p> <p>N (Largest Chest) <input type="text"/></p> <p>M (Xyphoid Process) <input type="text"/></p> <p>L (Lowest Rib) <i>(Recommended Length)</i> <input type="text"/></p> <p>K (Natural Waist) <input type="text"/></p> <p>Body Lengths (both required)</p> <p>G to L (Base of Axilla to Lowest Rib) OR G to K (Base of Axilla to Natural Waist) <i>(circle which is being provided)</i> <input type="text"/></p> <p>H to L (Shoulder to Lowest Rib) OR H to K (Shoulder to Natural Waist) <i>(circle which is being provided)</i> <input type="text"/></p> |  | <p>Lengths (Medial)</p> <p><input type="text"/> C to H</p> <p><input type="text"/> C to G</p> <p><input type="text"/> C to F²</p> <p><input type="text"/> C to F¹</p> <p><input type="text"/> C to F</p> <p><input type="text"/> C to E</p> <p><input type="text"/> C to D¹</p> <p><input type="text"/> C to D</p> <p><input type="text"/> C to B</p> <p><input type="text"/> C to A</p> |
| <p>Garments are produced with Slimline channeling (more channels & less foam than standard channeling) and as a Two Piece garment (separate hand).</p> <p>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.</p> | | |

No Charge Options

Two Blend Foam (Low ILD) One Piece Arm Sleeve (JoViJacket will also be One Piece)

Additional Charge Options

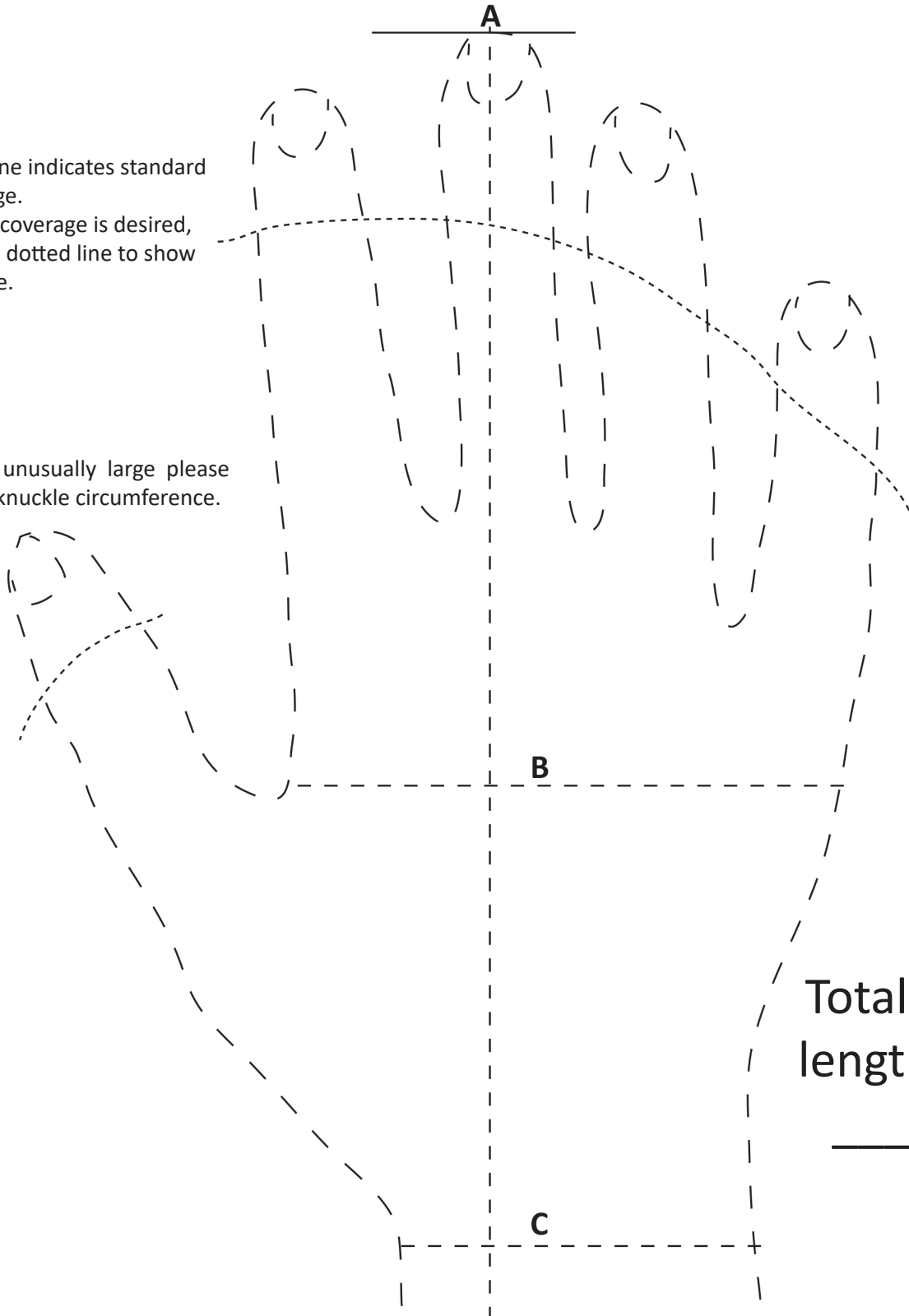
| | |
|--|--|
| <p>JoViJacket - Nylon & Spandex Powernet <input type="checkbox"/> Black <input type="checkbox"/> White <i>(JoViJackets are recommended as additional compression is needed for maximum fit & effectiveness.)</i></p> <p>Arm Sling <input type="checkbox"/> Garment <input type="checkbox"/> JoViJacket</p> <p><input type="checkbox"/> Stitched Finger Glove</p> <p>Pad <i>(sewn in)</i> <input type="checkbox"/> Dorsum <input type="checkbox"/> Palm</p> <p>Torso Extension Padding <input type="checkbox"/> Horizontal Channels <input type="checkbox"/> Vertical Channels</p> <p>Zipper <input type="checkbox"/> Dorsum to mid-forearm <input type="checkbox"/> Wrist to elbow</p> | <p>Padded Insert <i>(equalizes pressure over mastectomy site)</i></p> <p>Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff</p> <p>Size: <input type="checkbox"/> Small (A/B) <input type="checkbox"/> Large (D) <input type="checkbox"/> Medium (C) <input type="checkbox"/> XLarge (DD/E)</p>  <p><input type="checkbox"/> Dycem[®]</p> <p><input type="checkbox"/> Easy Slide <i>(for garment without Stitched Finger Glove)</i></p> <p><input type="checkbox"/> Prepaid Reduction</p> |
|--|--|

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.



Total hand length (AC)
_____ cm

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.

