

FAX COMPLETED FORM TO 1-877-760-4943

PAYMENT INFORMATION				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date <input type="text"/> / <input type="text"/>		Patient Name	
Card #				Fax Confirmation #	
Name on Card				Email Confirmation	
BILLING ADDRESS			SHIPPING ADDRESS <input type="checkbox"/> Same as Billing Address		
Business Name				Business Name	
Address				Address	
Attention				Attention	
City		State		City	
Phone		Zip		Phone	
ORDER SPECIFICATIONS					
<input type="checkbox"/> Quote Only		<input type="checkbox"/> Quote & Proceed		<input type="checkbox"/> Dealer Pricing	
<input type="checkbox"/> MSRP					
RUSH OPTION <input type="checkbox"/> Additional 25% charge for 3 business day production period					
SHIPPING <i>Shipping rates may vary, depending on services requested and/or rates charged by carrier.</i>					
<input type="checkbox"/> FedEx® (2 day shipping) \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)		<input type="checkbox"/> Check if shipping to a residence		<input type="checkbox"/> USPS Priority Mail Flat Rate® Small or Medium box For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)	



Vest with with optional Full Padding (shown with vertical & horizontal padding options for illustration)



Vest with recommended JoViJacket

Organic Cotton & Spandex Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory	<input type="checkbox"/> Royal Blue

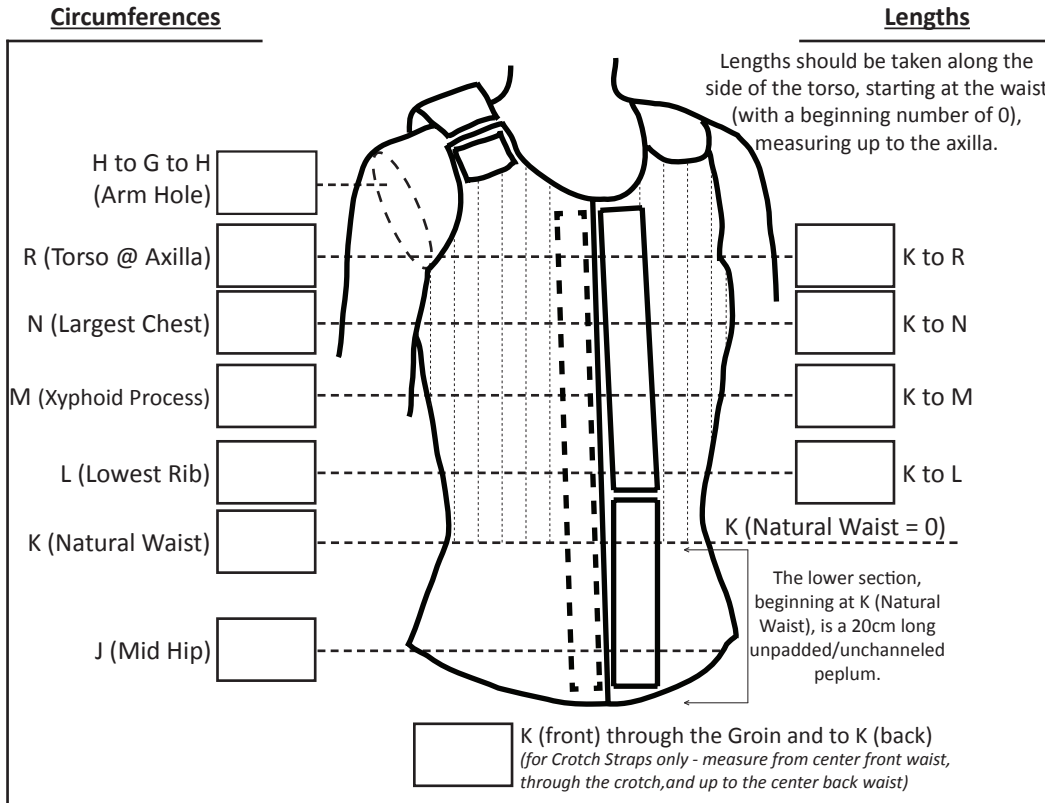
JoViJacket - Nylon & Spandex Powernet	
<input type="checkbox"/> Black	<input type="checkbox"/> White (JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)

Fitter/Therapist Name: _____ Phone: _____

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Patient Name: _____ Previous Patient? Yes No
 Height: _____ Weight: _____ Birthdate: _____ Gender F M
 Mastectomy Left Right Lumpectomy Left Right Reconstruction Left Right

Please record all measurements in centimeters.



No Charge Options

Slimline (more channels and less foam)

Two Blend Foam (Low ILD)

End garment at waist

Additional Charge Options

Padded Insert (equalizes pressure over mastectomy site)

Color: Black Buff

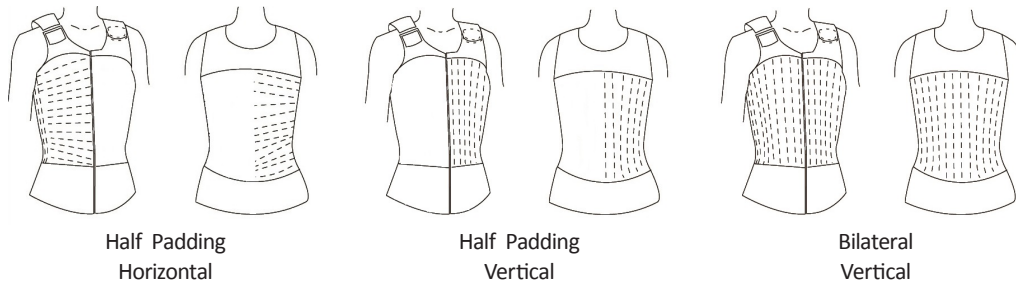
Size: Small (A/B)
 Medium (C)
 Large (D)
 XLarge (DD/E)

Crotch Strap (helps to keep garment in place for patients with larger abdomens (additional measurements required))

Prepaid Reduction

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

Channeling Options



Channeling and Padding

Half Padding (no added charge)

Left Side Right Side
 Horizontal Vertical

Full Vertical Padding to natural waist (added charge)

Full Vertical Padding to hemline (added charge)

Comments: _____

Fitter/Therapist Name: _____ Phone: _____