

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

JOVIPAK NON CUSTOM HEAD AND NECK MEASUREMENT FORM

PAYMENT INFORMATION:							ا	Date							
JoViPak Account # Bill to Account								PO#							
☐ Visa	Mast	Mastercard American Express						Patient Name							
Exp. Date								Fax Confirmation #							
Card #								Email Confirma	ition						
BILLING ADDRESS:							Sł	SHIPPING ADDRESS: Same as Billing Add ress							
Business N						Business Name									
Attention							Attention								
Ado	dress						Add ress								
	City				State			City					State		
Pł	none			Zip				Phone				Zip			
ORDER SPEC	CIFICATION	JS.													
ORDER SPECIFICATIONS: Quote Only Quote & Proceed Reseller Pricing Retail Pricing															
PREFERRED SHIPPING METHOD: UPS 3 rd Party Billing (3 rd Party Billing will have a \$5 handling fee)															
Most Cost Effective Small (\$6) or Medium (\$12) Ground (\$13*)								UPS 3 Day Select® UPS 2nd UPS Next (\$26*) Not available for AK or HI Day Air® (\$30*) Day Air® (\$57*)							
* UPS shipping prices listed are for contiguous 48 US states only								nents to residential ad	ldresses	will have a	dditional	\$7 char	ge.		
Produ			Head & N					Additional Items							
Strap	Standard Chin Strap		Size	Circumference (in centimeters)			Universal Neck Pad - for the Standard Chin Strap, Extended Chin Strap, or Full Face Mask				□s/м □ L/XL				
☐ Extended Chin Strap			☐ Small	Head 53.3-55.9		28-33		Pori Auricular Nock Pad for the					s/м 🗌	L/XL	
☐ Full Face Mask		Ш	\square Medium	55.9	-58.4	4 33-38.1		U Velcro Extender (2x5")							
☐ Half Face Mask ☐ Right☐ Left			☐ Large			38.1-43.2		Head & Neck gar		, ,					
		_	☐ XLarge	ge 61-6		43.2-48.3		& Pads are made		/			\		
□ Eye Pad □ S/M □ L/XL		2XLarge (Chin Straps only)			48.3-52	.1	Organic Cotton/S	pandex			<u> </u>	1.5 cm abov			
Comments/	Quantity:										()		Circumf		
										9-			Largest	IVECK	