



# Arm Sleeves Custom



Questions? Call 888-358-1580  
 Fax or Email this form to  
 410-455-1402 or  
 Orders@comfortcaremd.com

Patient Name: \_\_\_\_\_

Previous Patient?  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary (congenital) or  Secondary Lymphedema

(if no selection is made, JoViPak will default to Secondary Lymphedema)

CLINIC INFORMATION		SHIPPING ADDRESS		<input type="checkbox"/> Deliver to Clinic
Name		Name		
Address		Address		
Attention		Attention		
City	State	City	State	
Phone	Zip	Phone	Zip	

## ORDER SPECIFICATIONS

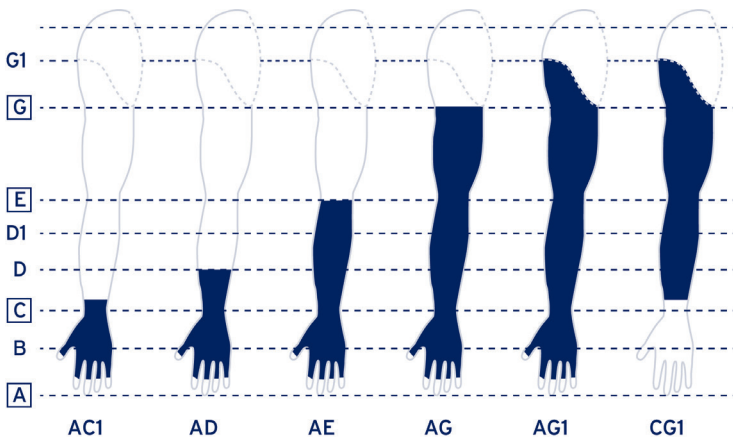
Quote Only  Quote & Proceed

**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		SUPER Powernet Colors (InnaSleeve only)	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff	<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Pink	<input type="checkbox"/> White	
<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue		
<input type="checkbox"/> Stainless Steel			

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com



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jobst-usa.com

BSN Medical Inc., an Essity company  
 5825 Carnegie Blvd., Charlotte, NC 28209-4633  
 Tel. (+1) 800 537 1063

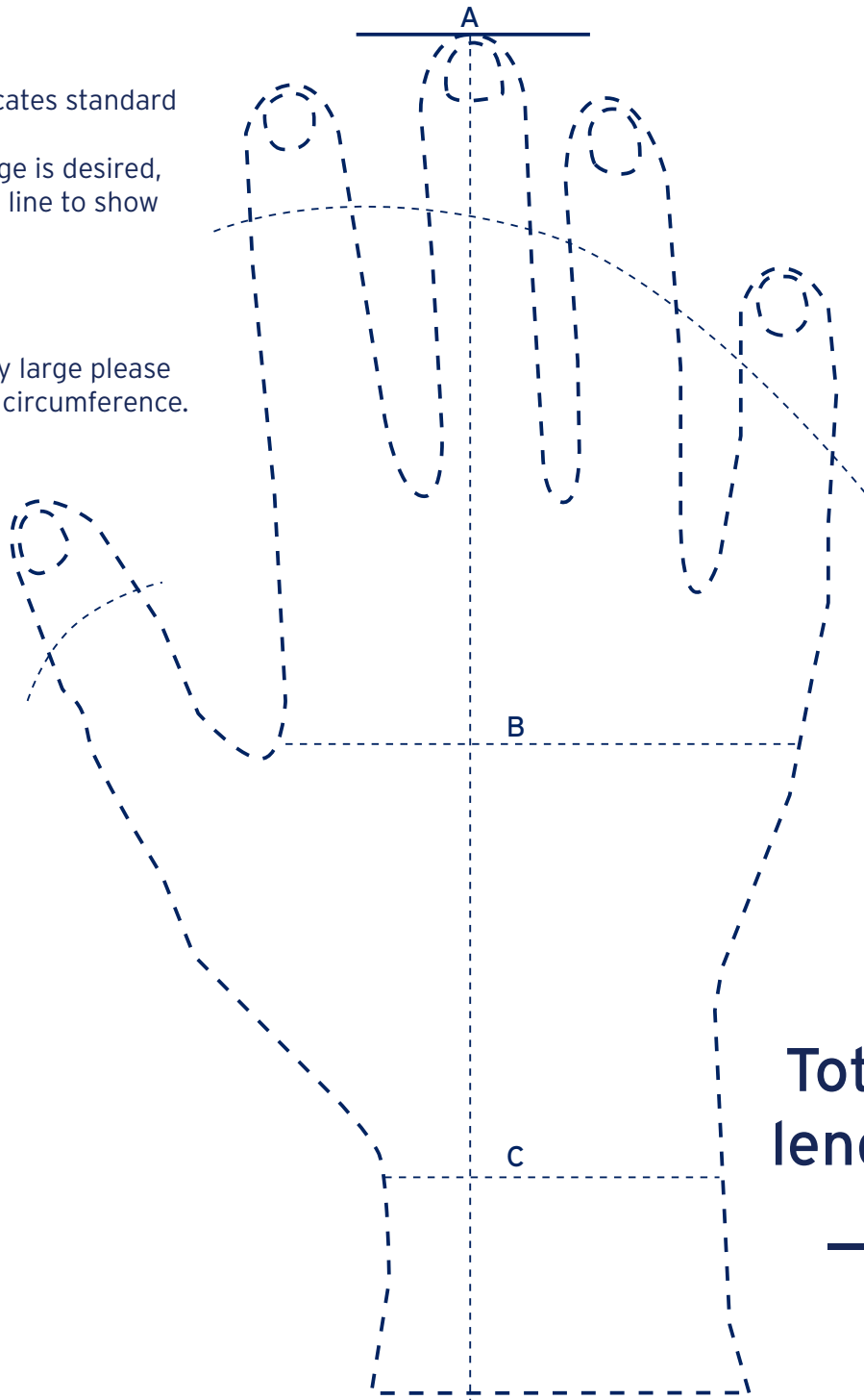


# Custom Hand Tracing Right Hand

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.

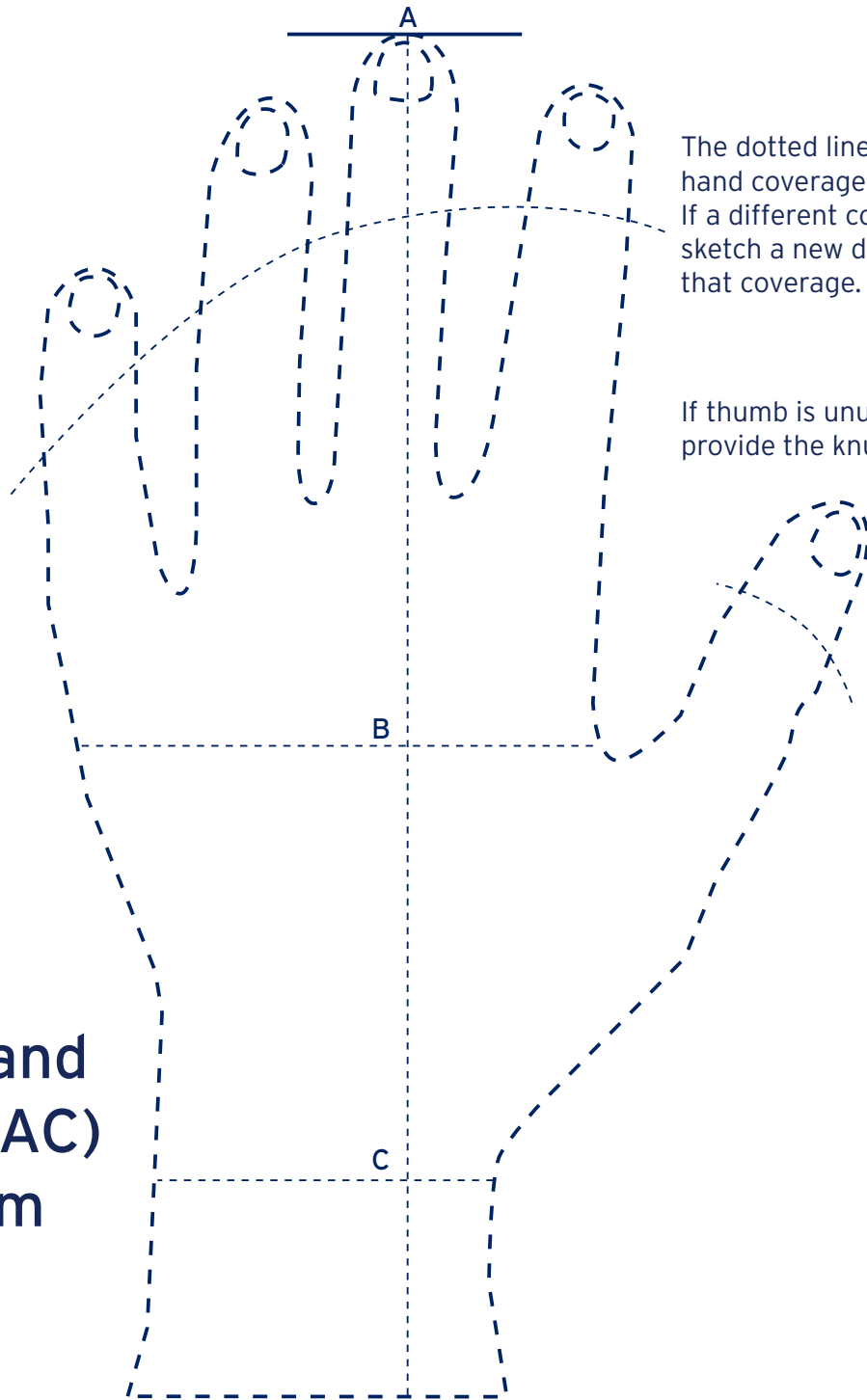
The dotted line indicates standard hand coverage.  
If a different coverage is desired, sketch a new dotted line to show that coverage.

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