TO ORDER:

JOBST® JoViPak

Arm Sleeves Custom

Patient Name:_____

PAYMENT INFORMATION

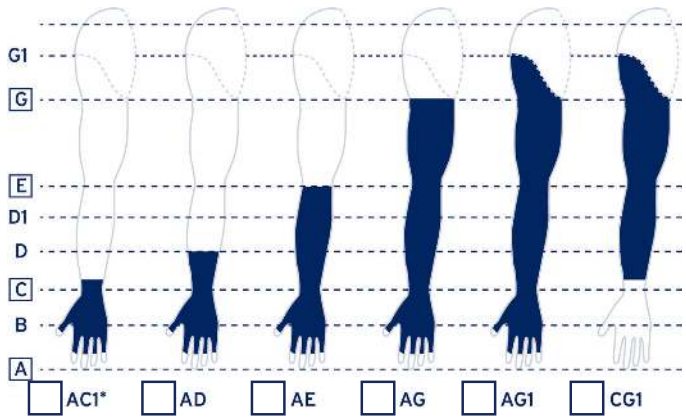
Account # (Required)	☐ Bill to Account	Date	
☐ Charge Credit Card	☐☐ Card Exp. Date	PO #	
Card #		Fax Confirmation #	
Name on Card		Email Confirmation	

BILLING ADDRESS		SHIPPING ADDRESS ☐ Same as Billing Address	
Business Name		Name	
Attention		Attention	
Address		Address	
City	State	City	State
Phone	Zip	Phone	Zip

ORDER SPECIFICATIONS

☐ Quote ☐ Order

FREE STANDARD SHIPPING



*Can be worn with a CG1

Polartec® Power Dry® Colors			
	QTY		QTY
☐ Black		☐ Buff	
☐ Pink		☐ Plum	
☐ Royal Blue			

Organic Cotton Colors			
	QTY		QTY
☐ Black		☐ Ivory	

JoViJacket			
	QTY		QTY
☐ Black		☐ White	

(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness.)

Comments:

Fitter/Therapist Name: _____ Phone: _____ Email: _____

JOBST®
JoViPak

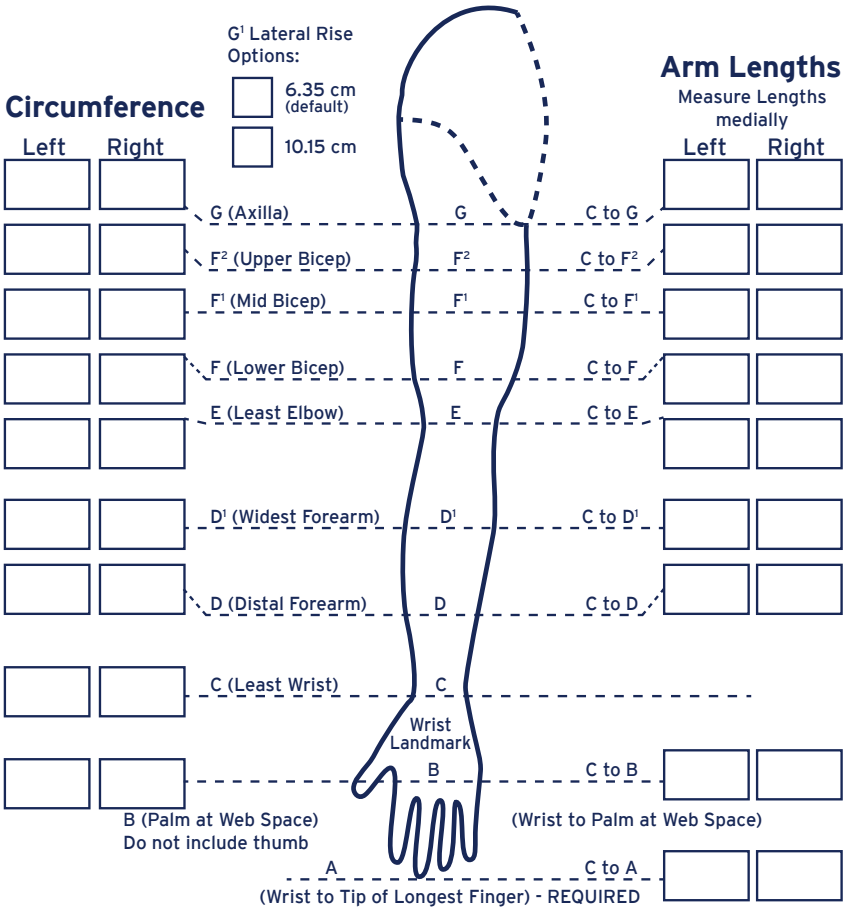
Arm Sleeves Custom

Patient Name:_____ Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*:_____ Weight*:_____ Birthdate: _____

*Height and weight are required.

Measure extended arm in relaxed position, palm up
Please record all measurements in centimeters
All measurements are required.



Additional Charge Options

- ☐ Donning Loops
- ☐ Stitched Finger Glove
- ☐ Dorsum Pad (sewn in; provides additional pressure on dorsum)
- ☐ Palm Pad (sewn in; equalizes pressure in palm area)
- ☐ 2 Piece Arm Sleeve (AG1 or AG - separate hand; JoViJacket will match garment)
- ☐ Zipper - dorsum to forearm
- ☐ Zipper - elbow to axilla
- ☐ Zipper - wrist to elbow
- ☐ Dycem® - donning aid
- ☐ Arion Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
- ☐ Prepaid Reduction

No Charge Options

- ☐ Slimline (more channels and less foam than standard channelling)
- ☐ Cover to middle of fingers
- ☐ Cover to base of fingers
- ☐ Cover fingers completely
- ☐ 2 Blend Foam (Low ILD)

Channeling:
- ☐ towards axilla region
- ☐ bypassing axilla region (default)

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	

Comments:

Fitter/Therapist Name: _____ Phone: _____ Email: _____

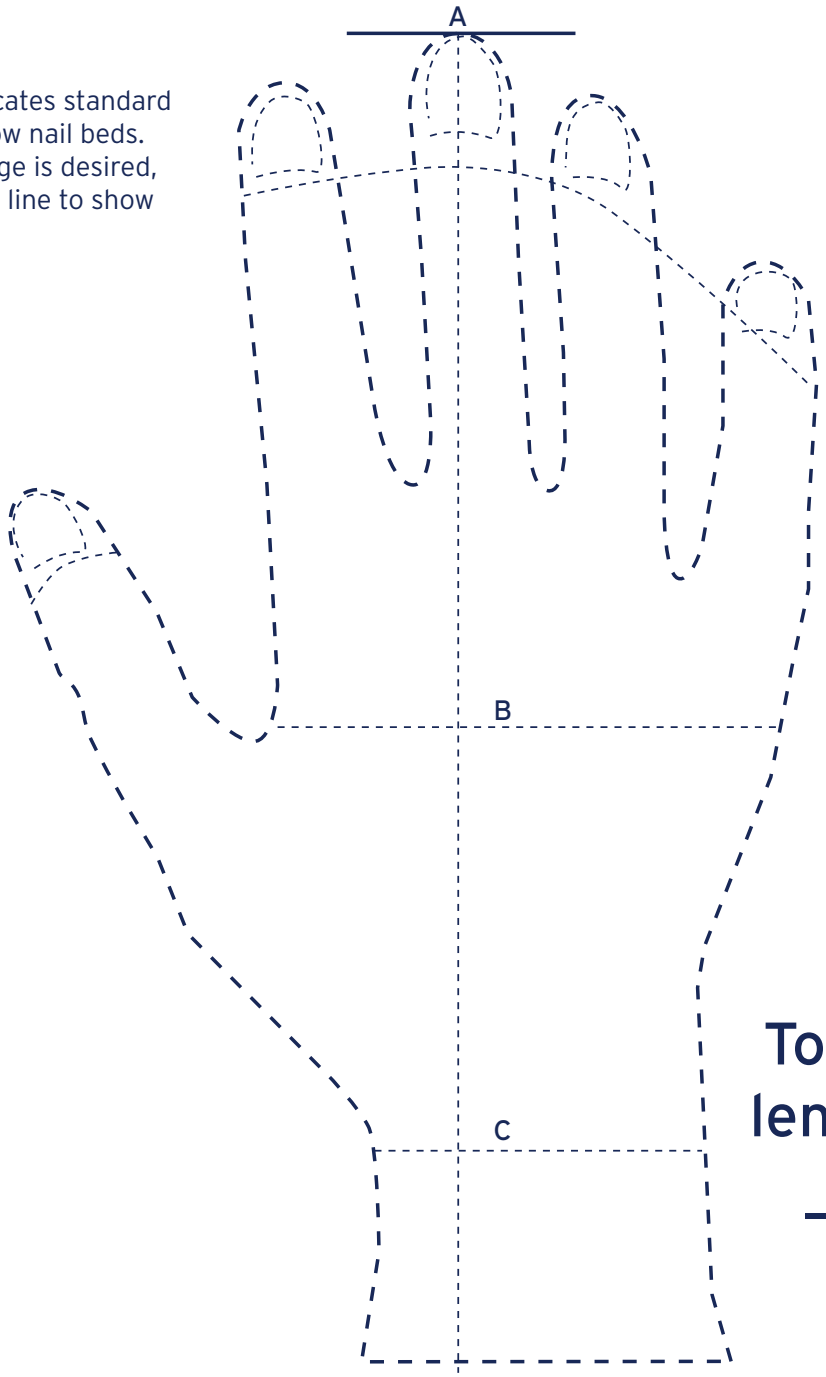
All sales are subject to JoViPak's Return, Guarantee and Warranty policies

JOBST
JoViPak

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. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



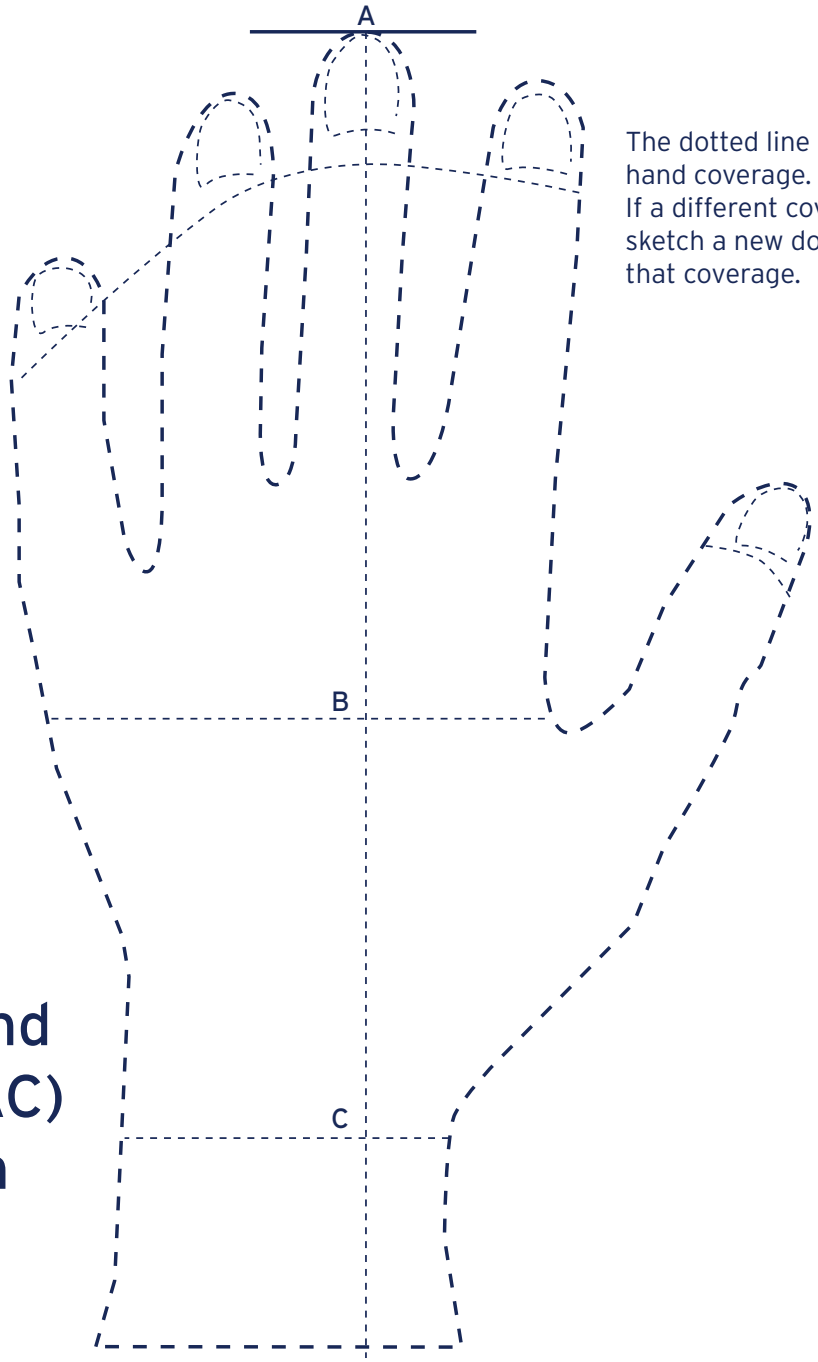
Total hand length (AC) ____cm

Patient Name or Reference # _____

JOBST JoViPak

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. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.

Total hand length (AC) ____cm

Patient Name or Reference # _____