TO ORDER:

JOBST® JoViPak

Boxers
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

☐ Boxer F¹L

☐ Boxer Capri DK

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

JoViJacket (Boxer - SUPER Powernet)			
	QTY		QTY
☐ Black		☐ Buff	

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

Comments:

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

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

BSN Medical Inc., an Essity company
5825 Carnegie Blvd., Charlotte, NC 28209-4633

JOBST® JoViPak

Boxers
Custom

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

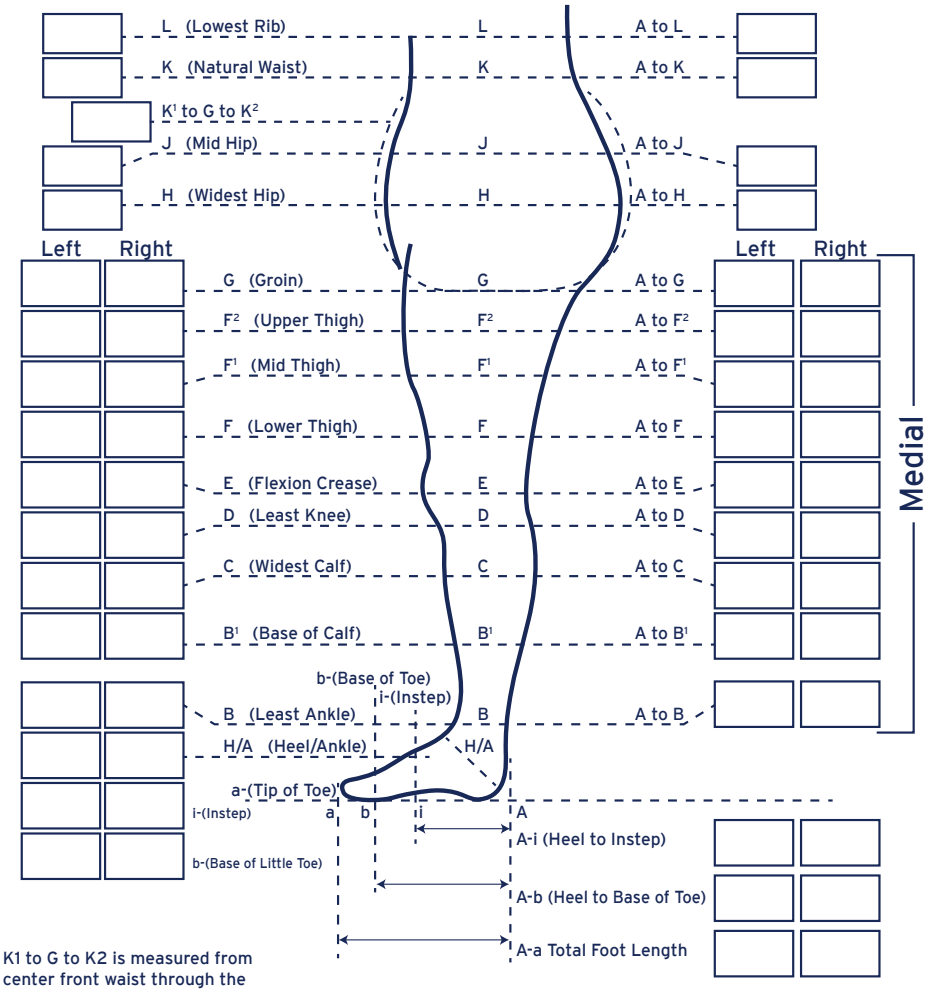
Height*:_____ Weight*:_____ Birthdate: _____

(*Height and weight are required.)

Circumference

Please record all measurements in centimeters
All measurements are required.

Leg Lengths



K1 to G to K2 is measured from center front waist through the crotch up to center back waist.

Additional Charge Options

Custom Leg AF1	☐ Left	☐ Right
Custom JoViJacket AF1	☐ Left	☐ Right
Custom Leg AD	☐ Left	☐ Right
Custom JoViJacket AD	☐ Left	☐ Right
Donning Loops options	☐ Boxer	☐ Leg(s)

☐ Dorsum Pad *(sewn in)*

Malleolus Pad *(sewn in)*
☐ Medial ☐ Lateral

☐ Zipper - ankle to knee

☐ Dycem® - donning aid

☐ Arion Easy-Slide - donning aid

Prepaid Reduction
☐ Boxer ☐ Boxer Capri
☐ AF1 Leg(s) ☐ AD Leg(s)

No Charge Options

☐ Standard: end with top of toes uncovered, cover bottom of toes

☐ Cover to tips of toes, top and bottom *(with separate AD or AF1)*

☐ End garment at base of toes, top and bottom

☐ 2 Blend Foam *(Low ILD)*

Channeling:
☐ towards inguinal region
☐ circumventing inguinal region (default)

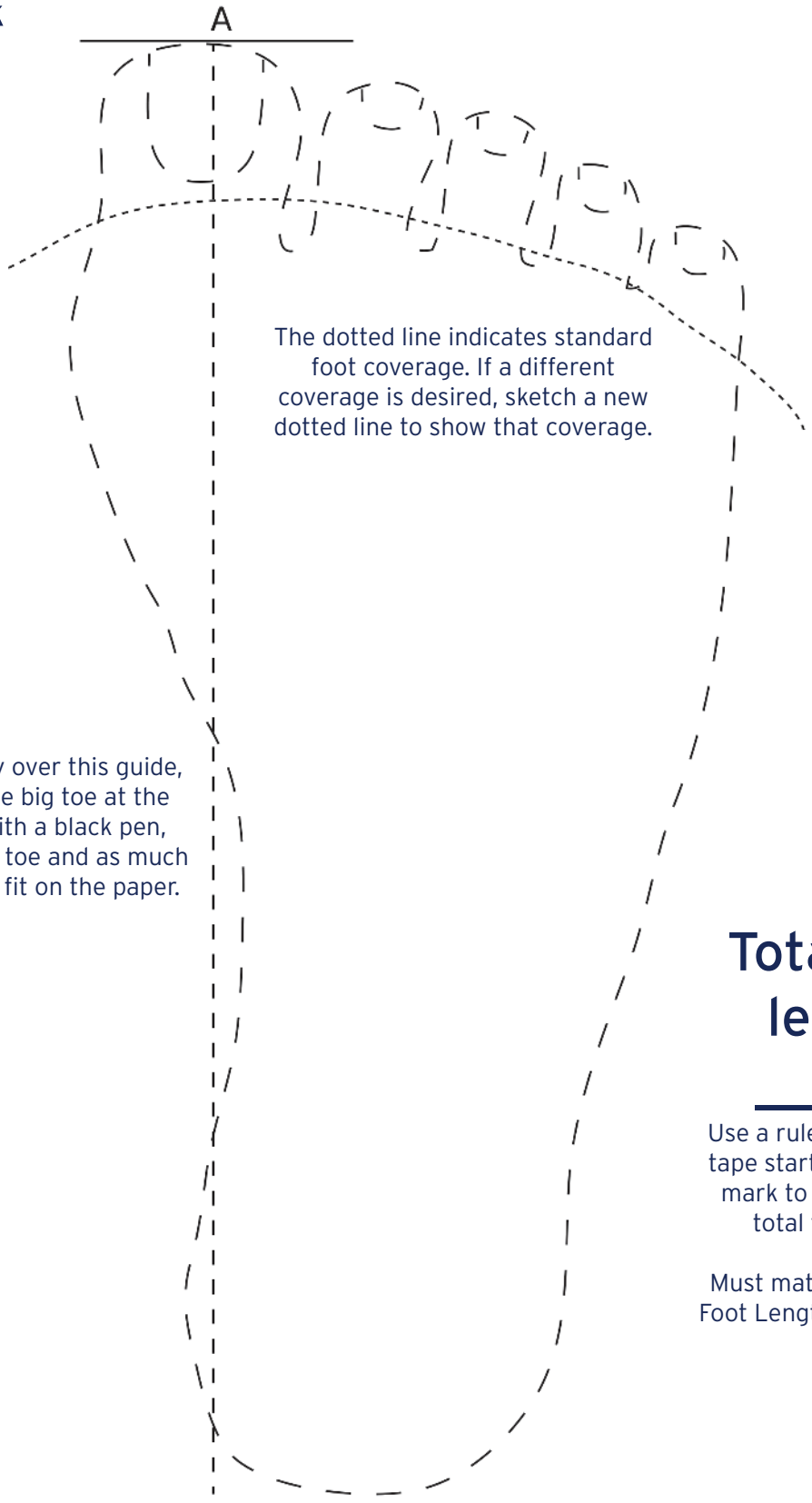
• If ordering additional leg garments, please include foot tracings.

Comments:

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

JOBST
JoViPak

CUSTOM FOOT TRACING
RIGHT FOOT



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

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total foot length
____cm

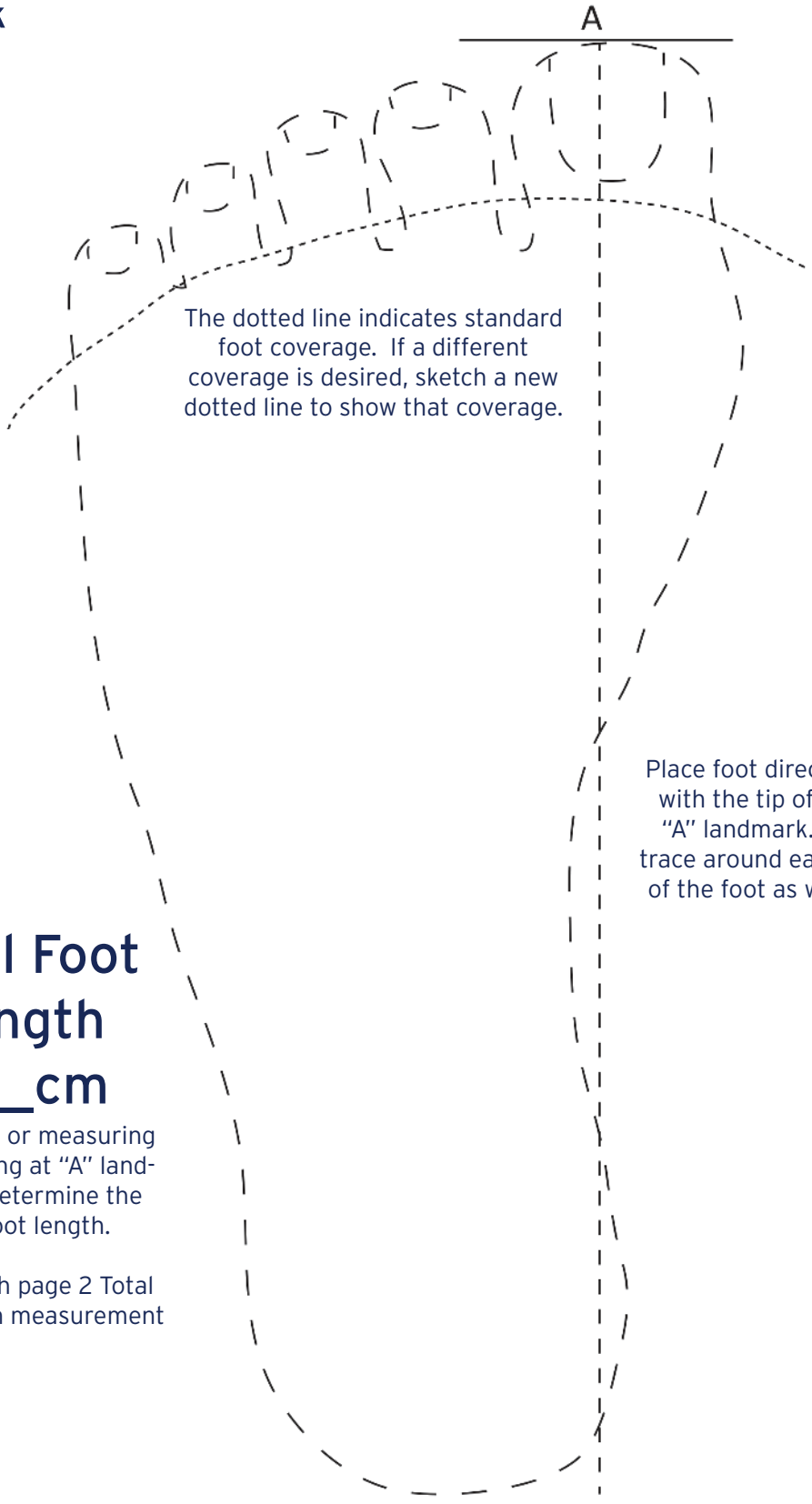
Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

Patient Name or Reference #:_____

JOBST JoViPak

CUSTOM FOOT TRACING LEFT FOOT



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Total Foot Length ____cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

Patient Name or Reference #:_____