**TO ORDER:**

JOBST® JoViPak

# Boxers with Pannus
## 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

☐ Boxer Capri

| 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

JOBST JoViPak

# Boxers with Pannus
## Custom

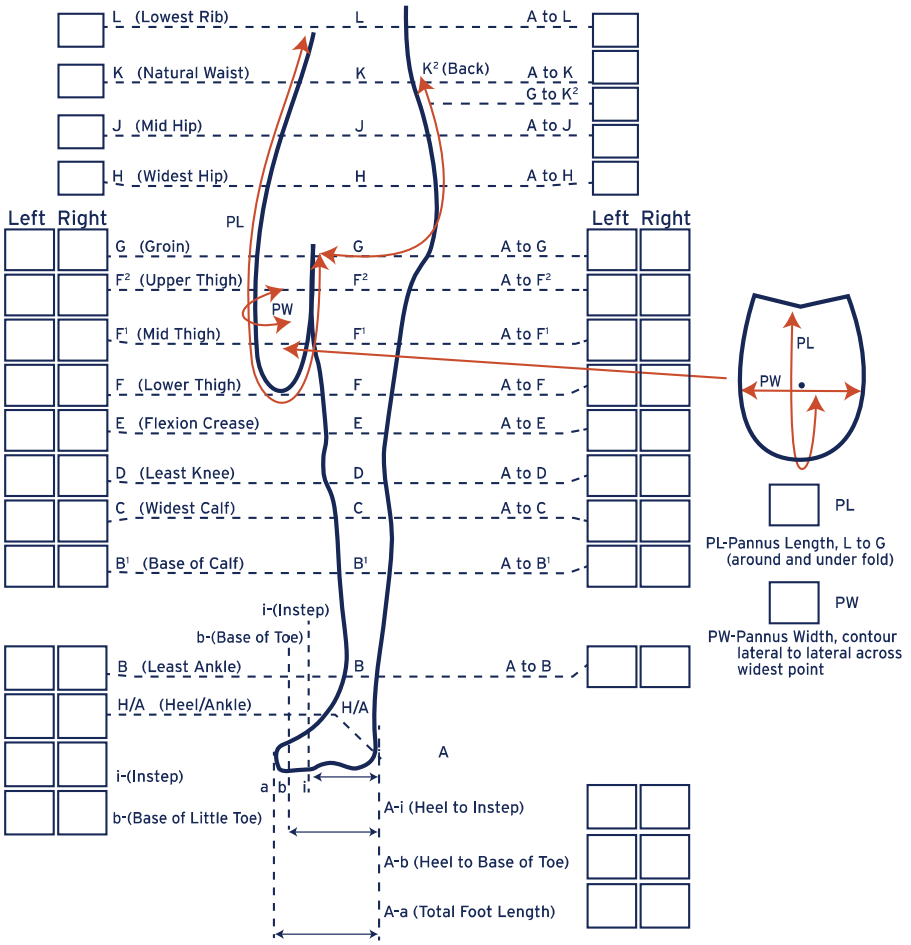
Patient Name:_____ Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*:_____ Weight*:_____ Birthdate: _____

*Height and weight are required.

Please record all measurements in centimeters
All measurements are required.

**Circumference** **Length**




## Additional Charge Options

| | | |
|---|---|---|
| Custom Leg AF1 | ☐ Left | ☐ Right |
| Custom JoViJacket AF1 | ☐ Left | ☐ Right |
| Custom Leg AD | ☐ Left | ☐ Right |
| Custom JoViJacket AD | ☐ Left | ☐ Right |

Donning Loop options
☐ Boxer ☐ AD ☐ AF1

☐ Dorsum Pad *(sewn in)*

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

Zipper -
☐ ankle to knee
☐ knee to groin
☐ 2 side zippers
☐ 1 zipper center-front, (standard)

☐ 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: _____

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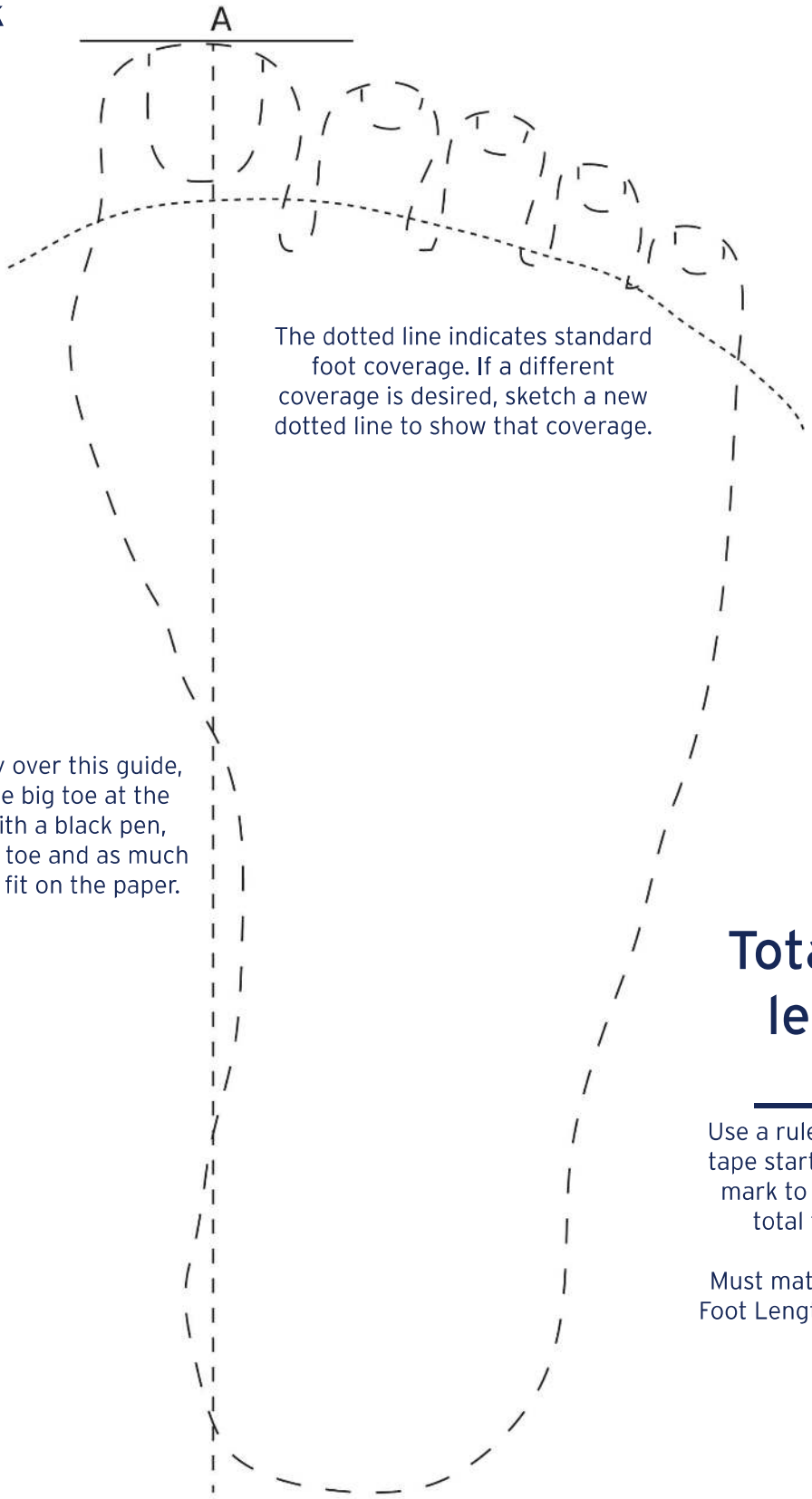
# CUSTOM FOOT TRACING
# RIGHT FOOT




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 #:_____

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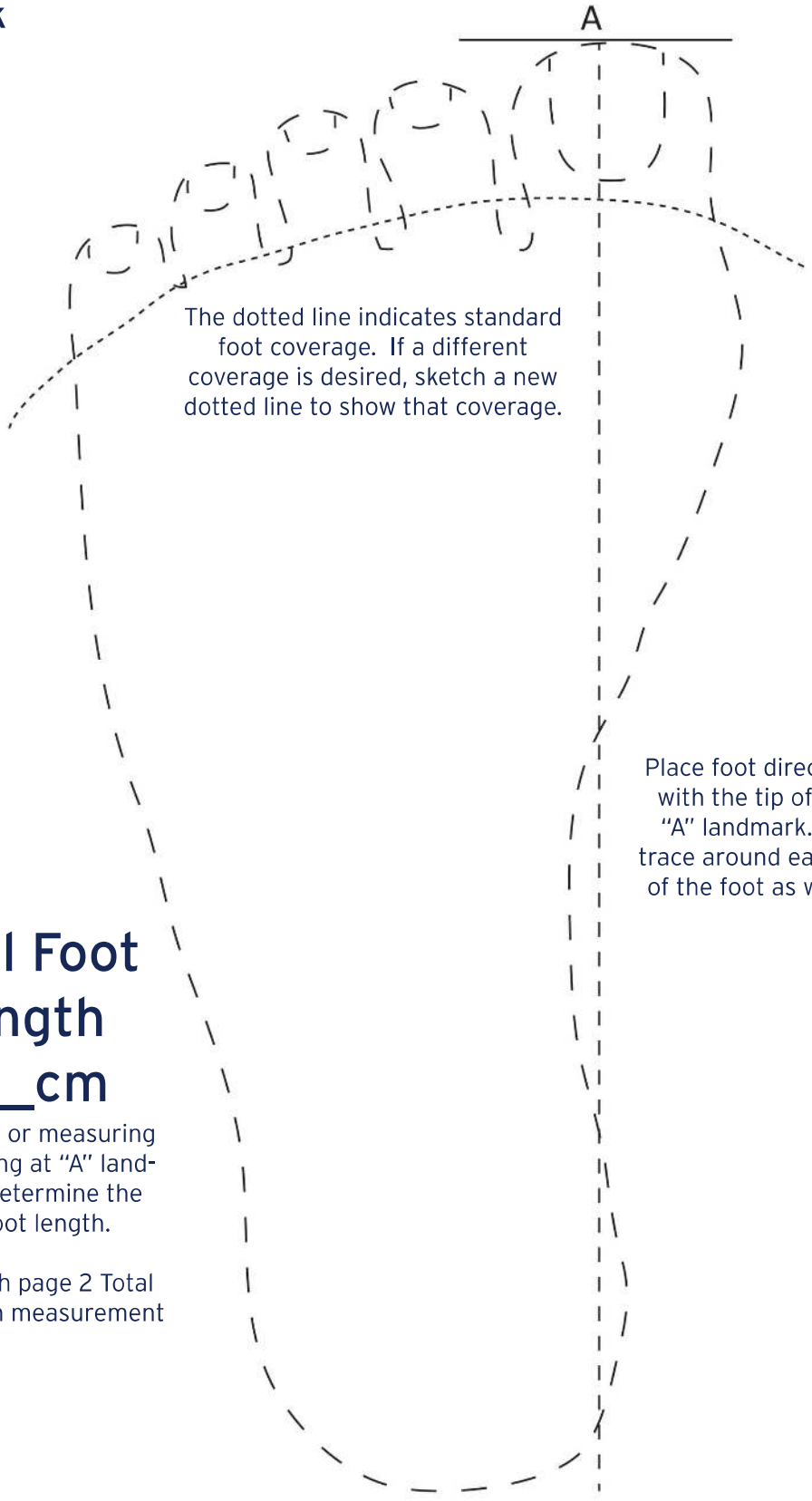
# CUSTOM FOOT TRACING
# LEFT FOOT




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 #:_____