TO ORDER:

JOBST® JoViPak

Busti
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

Custom Busti

Custom Busti (posterior)

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

JoViJacket - Nylon & Spandex Powernet			
	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: _____

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

JOBST JoViPak

Busti
Custom

Patient Name:_____ Previous Patient? ☐ Yes ☐ No

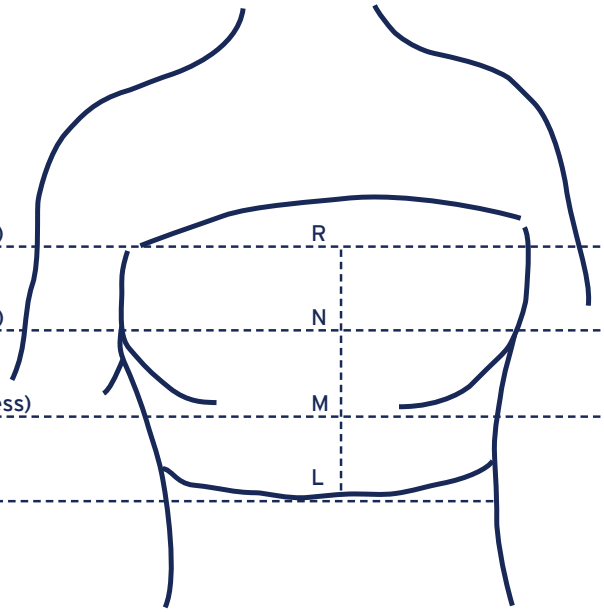
Height*: _____ Weight*: _____ Birthdate: _____ Cup Size: _____

*Height and weight are required.

Lumpectomy ☐ Left ☐ Right **Reconstruction** ☐ Left ☐ Right

Bustis are produced with Slimline channeling (more channels and less foam than standard channeling).

Please record all measurements in centimeters
All measurements are required.



The Busti is most appropriate for lumpectomy patients. Mastectomy patients would be better served with a Custom Vest.

No Charge Options	Additional Charge Options
☐ 2 Blend Foam *(Low ILD)*	☐ Prepaid Reduction

Comments:

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

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