TO ORDER:

JOBST® JoViPak

Hip Huggers 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

☐ Hip Hugger (DK)

☐ Hip Hugger Full Leg (AK)

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: _____

essity

JOBST®, an Essity brand

/JOBSTUSA @JOBST_USA @JOBSTforUSA

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

JOBST®
JoViPak

Hip Huggers Custom

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

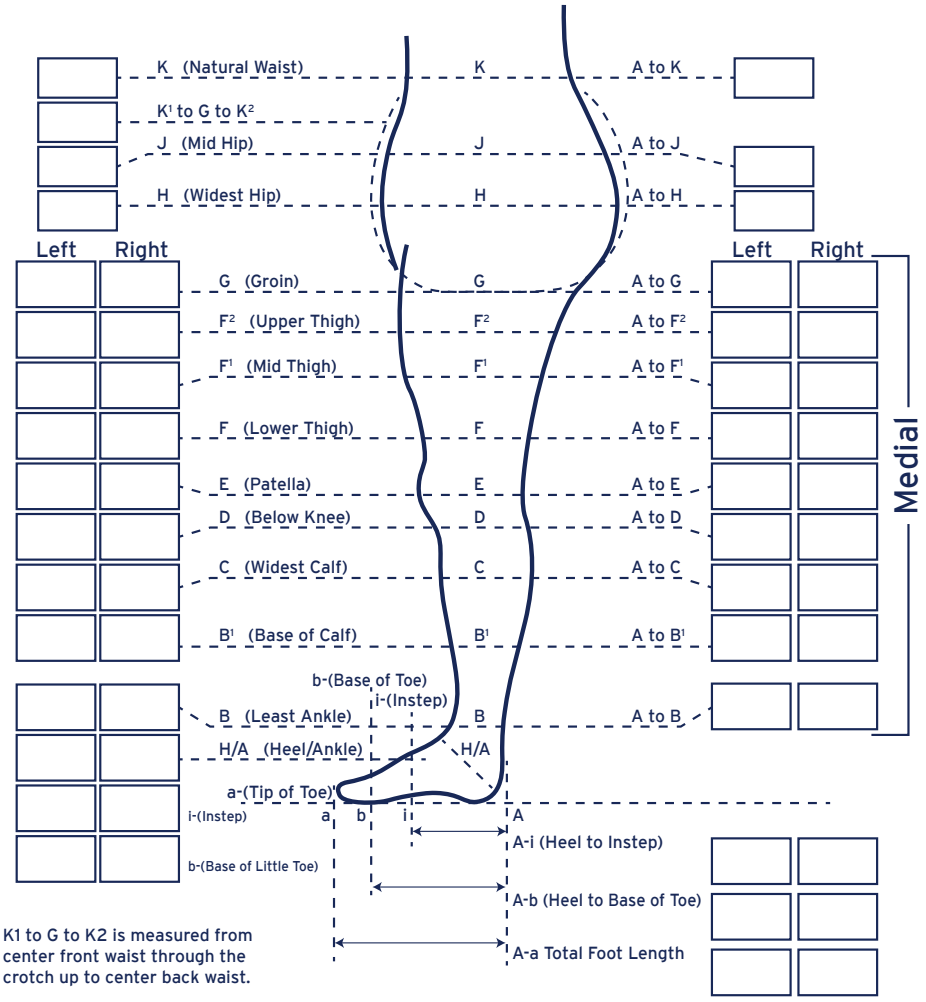
Height*:_____ Weight*:_____ Birthdate: _____

*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.

Can be paired with

Custom Lower Leg (AD)
☐ Left ☐ Right

Additional Charge Options

- ☐ **Donning Loops** ☐ **HH** ☐ **AD**
- ☐ **Dorsum Pad** (sewn in)
- **Malleolus Pad** (sewn in)
  ☐ Medial ☐ Lateral
- ☐ **Zipper** - ankle to knee
- ☐ **Dycem®** - donning aid
- ☐ **Arion Easy-Slide** - donning aid
- **Prepaid Reduction Option**
  ☐ Hip Hugger Full Leg (AK)
  ☐ Hip Hugger (DK)
  ☐ AD Leg(s)

Dycem® is a registered trademark of Dycem Ltd.

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 Full Leg Hip Hugger)
- ☐ **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.

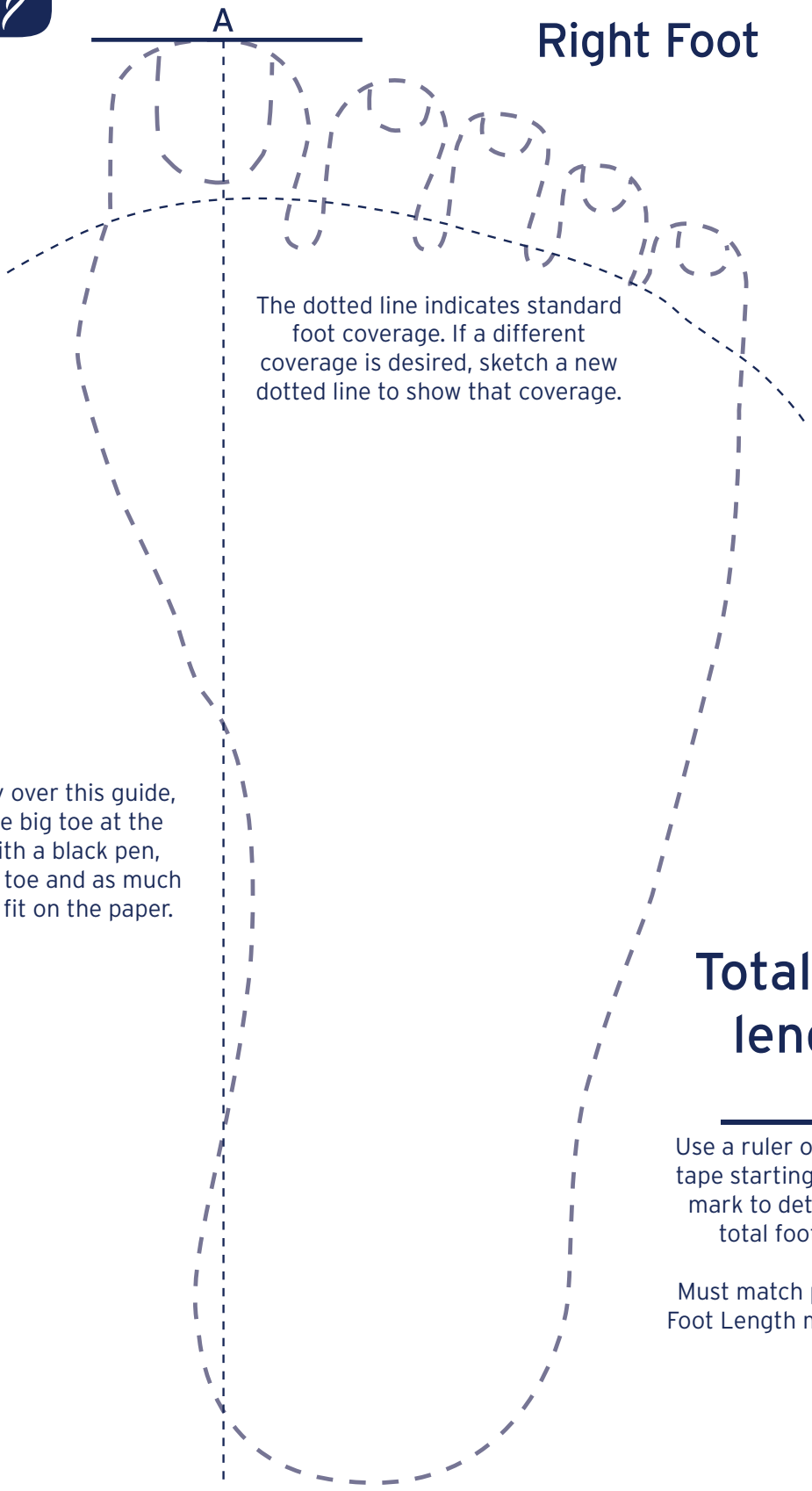
Comments:

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

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

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

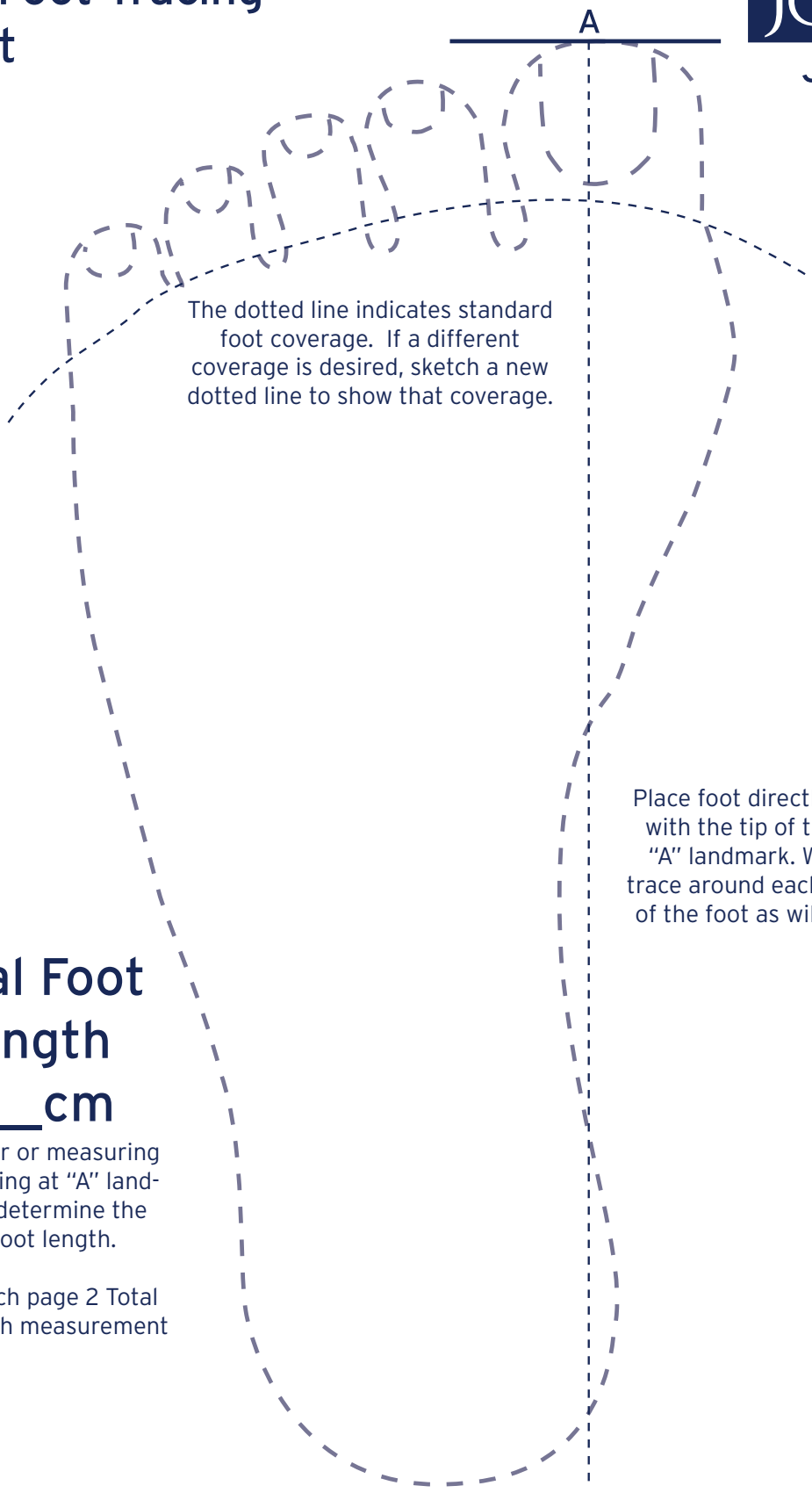
Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

Patient Name or Reference # _____

Custom Foot Tracing
Left Foot

JOBST JoViPak



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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 # _____