TO ORDER:

JOBST® JoViPak

Legs 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	

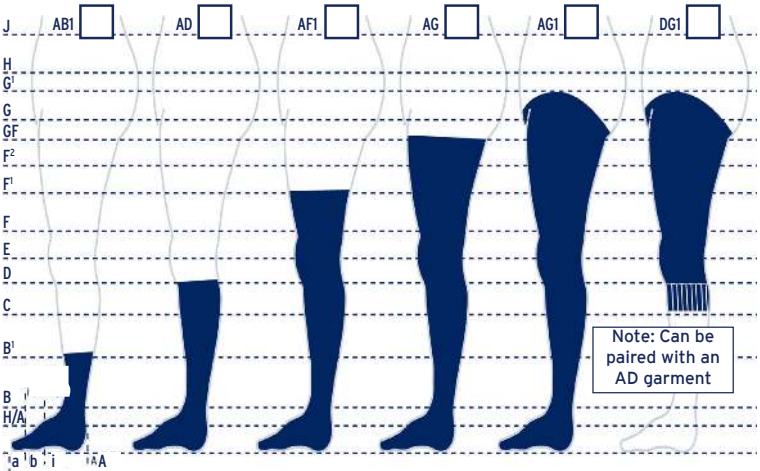
BILLING ADDRESS		SHIPPING ADDRESS ☐ Same as Billing Address	
Business Name		Name	
Attention		Attention	
Address		Address	
City	State	City	State
Phone	Zip	Phone	Zip

ORDER SPECIFICATIONS

☐ Quote ☐ Order

FREE STANDARD SHIPPING

J (Mid Hip)
H (Widest Hip)
G¹ (Lateral Rise)
G (Groin)
GF (Gluteal Fold)
F² (Upper Thigh)
F¹ (Mid Thigh)
F (Lower Thigh)
E (Flexion Crease)
D (Least Knee)
C (Widest Calf)
B¹ (Base of Calf)
B (Least Ankle)
H/A (Heel/Ankle)
A (Floor or Back of Heel)



a (Tip of Toe) b (Base of Toe) i (Instep)

Polartec® Power Dry® Colors

	QTY		QTY
☐ Black		☐ Buff	
☐ Pink		☐ Plum	
☐ Royal Blue			

Organic Cotton Colors

	QTY		QTY
☐ Black		☐ Ivory	

SUPER Powernet Colors (InnaBoot only)

	QTY		QTY
☐ Black		☐ Buff	

JoViJacket

	QTY		QTY
☐ Black		☐ White	

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

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

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

JOBST®
JoViPak

Legs Custom

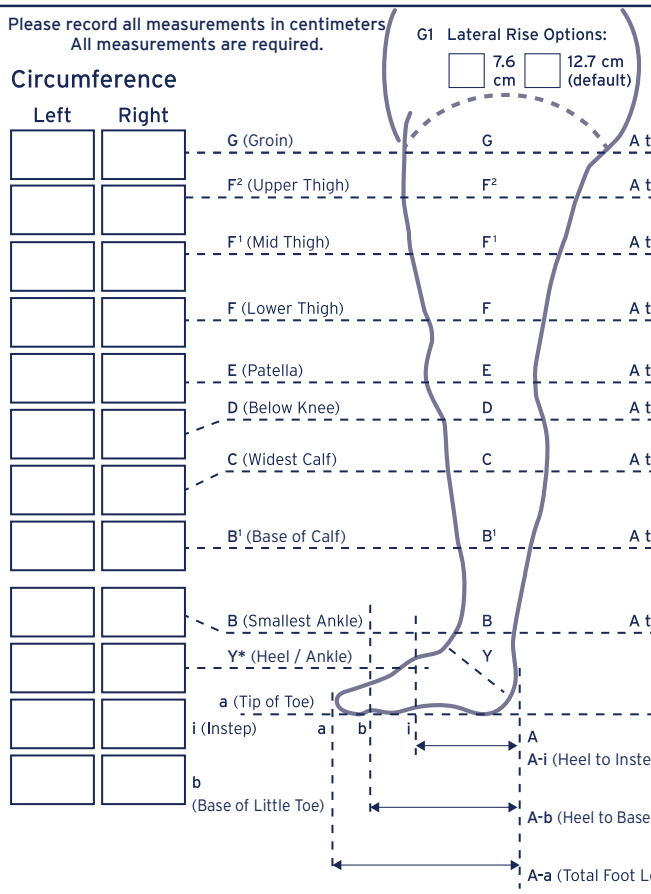
Patient Name:_____ Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*:_____ Weight*:_____ Birthdate: _____

*Height and weight are required.

Please record all measurements in centimeters
All measurements are required.

G1 Lateral Rise Options: ☐ 7.6 cm ☐ 12.7 cm (default)



*If Y is 10 cm more than B, zipper is required.

Styles

- ☐ **Standard Leg Garment** (AD to AG1)
- ☐ **AD - Quilted with zipper**
- ☐ **InnaBoot** ☐ AD ☐ AG (Organic Cotton with SUPER Powernet JoViJacket)

Additional Charge Options

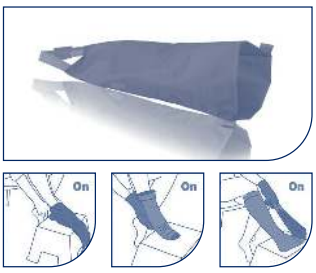
- ☐ **Dorsum Pad** (sewn in)
- ☐ **Malleolus Pad** (sewn in) ☐ Medial ☐ Lateral
- ☐ **Zipper** - ankle to knee
- ☐ **Zipper** - knee to groin
- ☐ **Donning Loops**
- ☐ **Pull Tabs** (InnaBoots only)
- ☐ **Dycem®** - donning aid
- ☐ **Arion Easy-Slide** - donning aid
- ☐ **Prepaid Reduction**

No Charge Options

- ☐ **Standard: end with top of toes uncovered, cover bottom of toe**
- ☐ **Cover to tips of toes, top and bottom**
- ☐ **End garment at base of toes, top and bottom**
- ☐ **2 Blend Foam** (Low ILD)

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

Dycem® is a registered trademark of Dycem Ltd.



Arion Easy-Slide On

- The user-friendly donning aid for open toe compression stockings and tights
- The lightweight, smooth material provides ease of donning/application

Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5–5.5	7965804	1	
Medium	6–8	7965802	1	
Large	8.5–11	7965902	1	
X-Large	≥ 11.5	7966001	1	

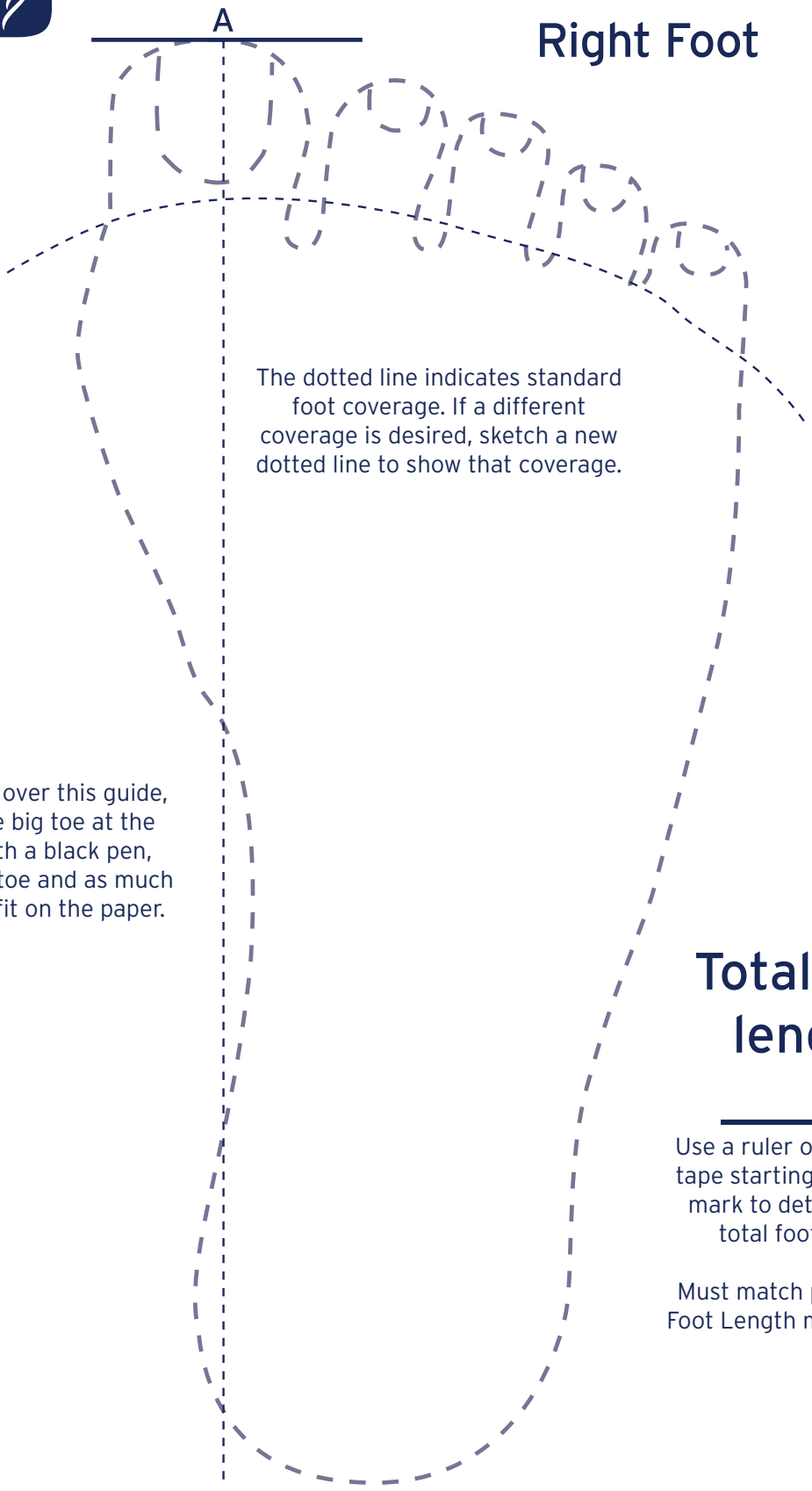
Comments:

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

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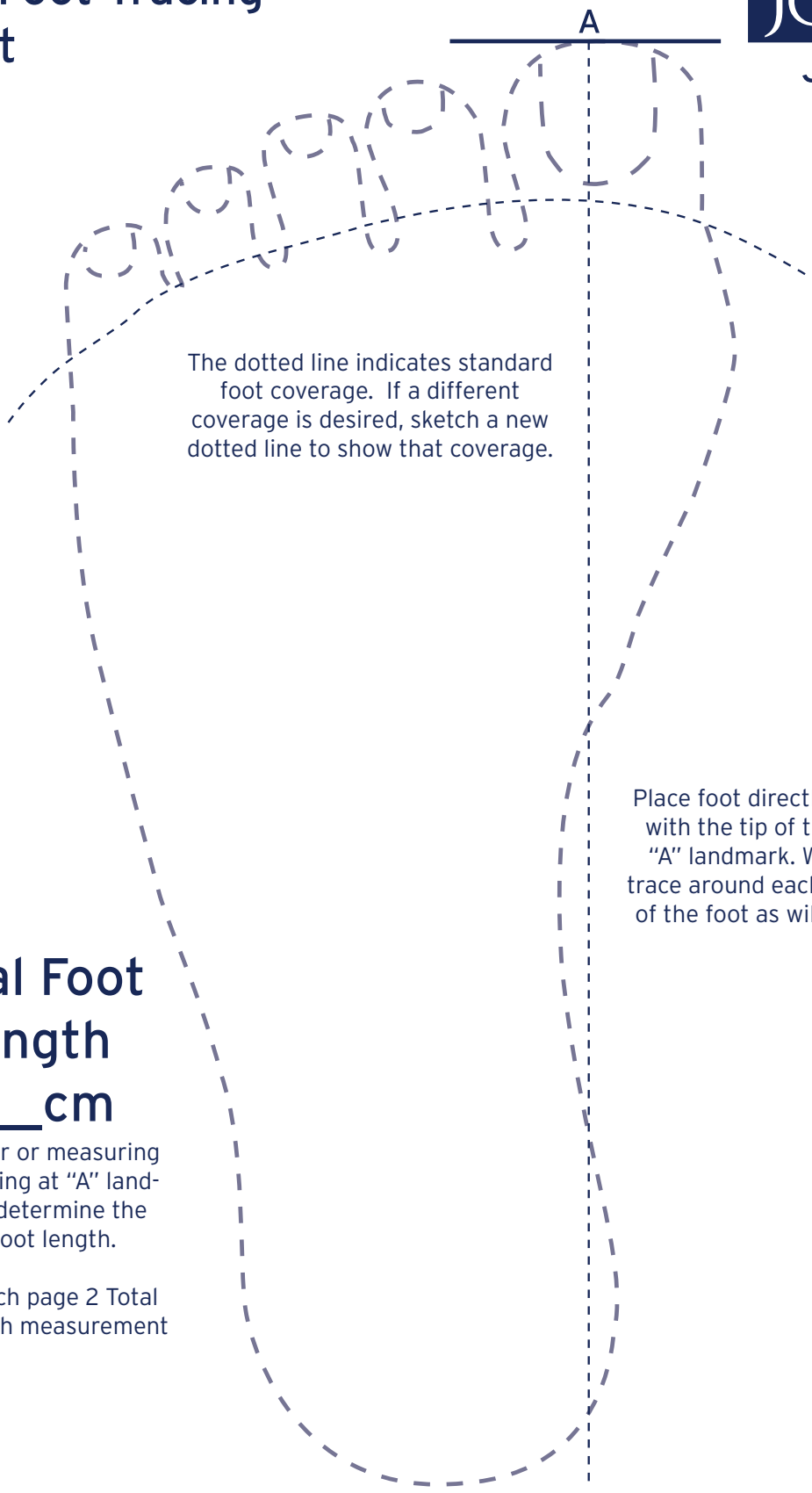

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