



JoViPak

Arm Sleeves Custom



Insurance Covered
**COMPRESSION
THERAPY**

Phone 309-664-7930 • Fax 309-664-7931
Email orders@medsourceorders.com

Patient Name: _____

PAYMENT INFORMATION

Account # (Required)	<input type="checkbox"/> Bill to Account	Date
<input type="checkbox"/> Charge Credit Card	<input type="text"/> <input type="text"/> Card Exp. Date	PO #
Card #	Fax Confirmation #	
Name on Card	Email Confirmation	

BILLING ADDRESS

SHIPPING ADDRESS

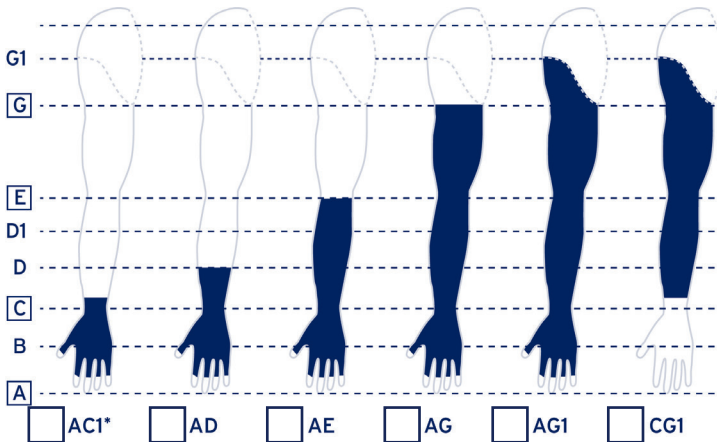
Same as Billing Address

Business Name	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

ORDER SPECIFICATIONS

Quote Order

FREE STANDARD SHIPPING



Polartec® Power Dry® Colors

<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Pink
<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	

Organic Cotton Colors

<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	

JoViJacket

<input type="checkbox"/> Black	<input type="checkbox"/> White
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(JoViJackets are required to be worn with your JoVi foam garments to ensure maximum fit and effectiveness)

Comments:

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



JOBST®, an Essity brand



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA



jobst-usa.com

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Arm Sleeves Custom

JoViPak

Patient Name: _____

Previous Patient? Yes Gender: F M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Measure extended arm in relaxed position, palm up
Please record all measurements in centimeters
All measurements are required.

Circumference

G¹ Lateral Rise Options:
 6.35 cm (default)
 10.15 cm

Arm Lengths
Measure Lengths medially

Left	Right	Measurement	Measurement	Measurement
<input type="text"/>	<input type="text"/>	G (Axilla)	G	C to G
<input type="text"/>	<input type="text"/>	F ² (Upper Bicep)	F ²	C to F ²
<input type="text"/>	<input type="text"/>	F ¹ (Mid Bicep)	F ¹	C to F ¹
<input type="text"/>	<input type="text"/>	F (Lower Bicep)	F	C to F
<input type="text"/>	<input type="text"/>	E (Least Elbow)	E	C to E
<input type="text"/>	<input type="text"/>	D ¹ (Widest Forearm)	D ¹	C to D ¹
<input type="text"/>	<input type="text"/>	D (Distal Forearm)	D	C to D
<input type="text"/>	<input type="text"/>	C (Least Wrist)	C	
<input type="text"/>	<input type="text"/>	B (Palm at Web Space) Do not include thumb	B	C to B
		A (Wrist to Tip of Longest Finger) - REQUIRED	A	C to A

Additional Charge Options

- Donning Loops
- Stitched Finger Glove
- Dorsum Pad
(sewn in; provides additional pressure on dorsum)
- Palm Pad
(sewn in; equalizes pressure in palm area)
- 2 Piece Arm Sleeve
(AG1 or AG - separate hand; JoViJacket will match garment)
- Zipper - dorsum to forearm
- Zipper - elbow to axilla
- Zipper - wrist to elbow
- Dycem® - donning aid
- Arion Easy-Slide - donning aid
(for garments without a Stitched Finger Glove)
- Prepaid Reduction

No Charge Options

- Slimline (more channels and less foam than standard channelling)
- Cover to middle of fingers
- Cover to base of fingers
- Cover fingers completely
- 2 Blend Foam (Low ILD)

Channelling:

- towards axilla region
- bypassing axilla region (default)

Dycem® is a registered trademark of Dycem Ltd.

Pictures are needed if the patient has lobules, is over-sized or has some other issue. Please send pictures (no patient faces) to info.jovipak@essity.com.



Arion Easy-Slide Arm

- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid

Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	14.5"-15.1" (37-38.5cm)	7966102	1	
Large	15.3"-16.1" (39-41cm)	7510001	1	



Comments: _____

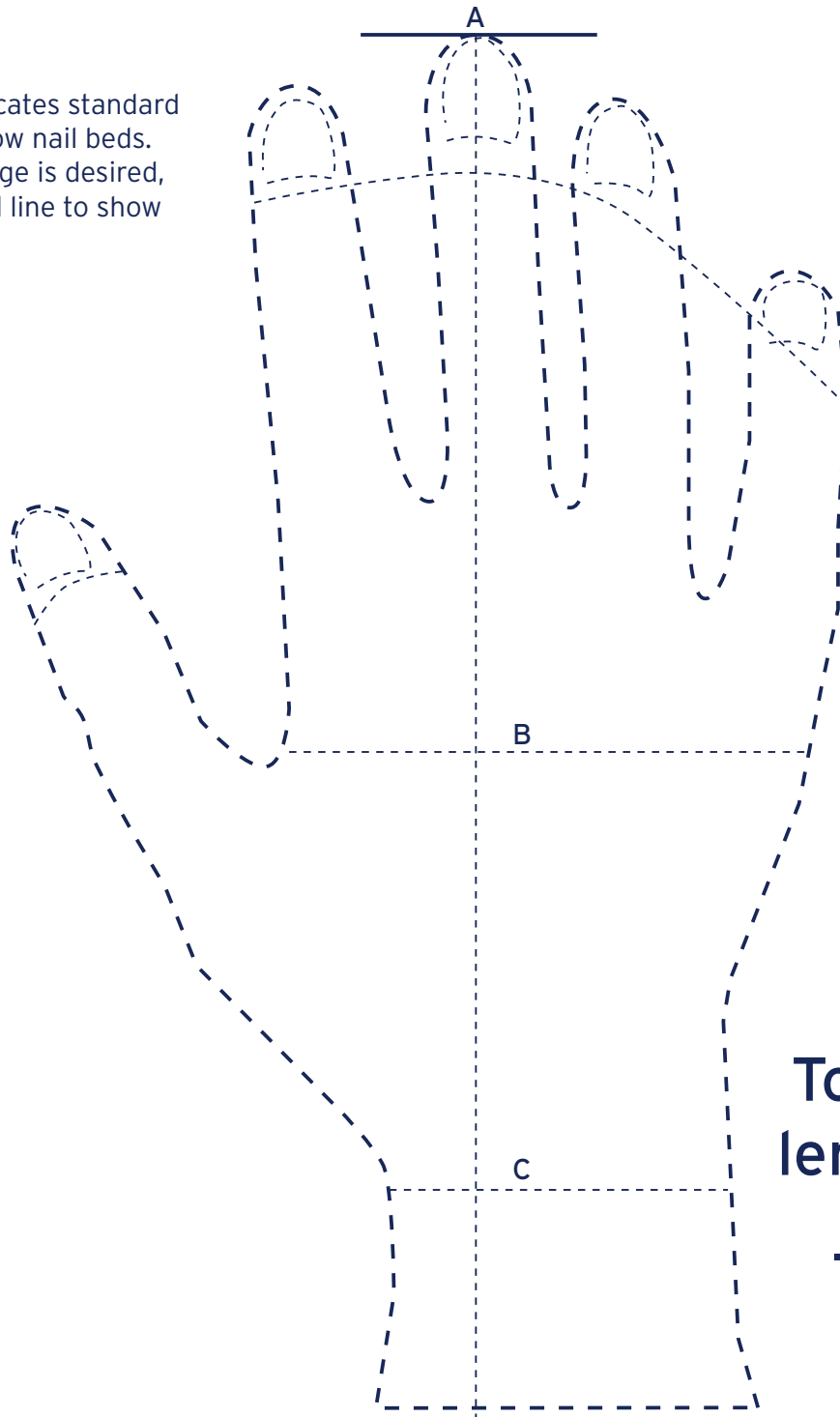
Fitter/Therapist Name: _____ Phone: _____ Email: _____

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

Custom Hand Tracing Right Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.

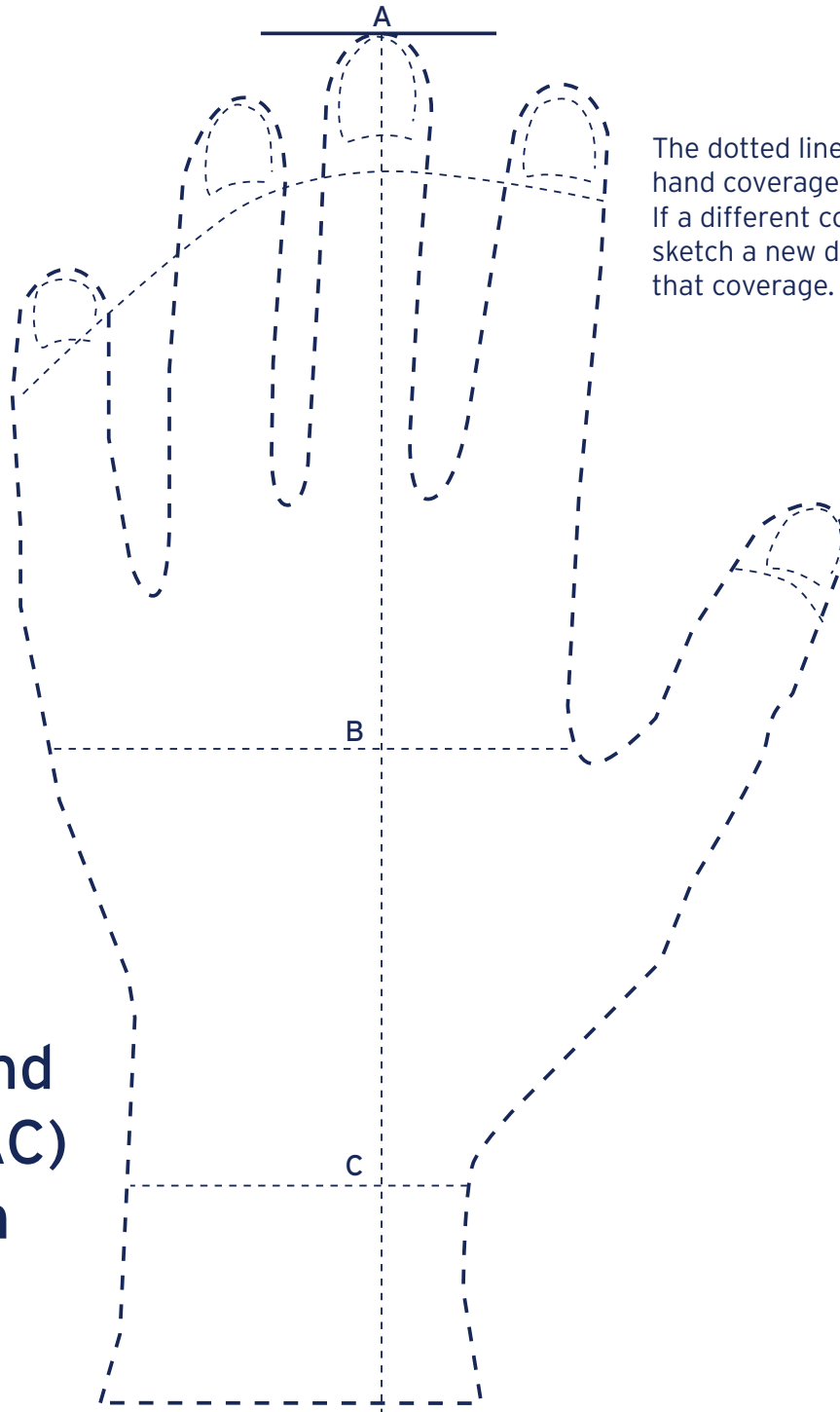
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



Total hand
length (AC)
_____ cm

Custom Hand Tracing Left Hand

Place hand flat, directly over this guide, palm down, with wrist flexion crease over the C landmark. Use a black pen to trace around the hand and each finger.



The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.

Total hand
length (AC)
_____cm