

Busti Custom



Email orders@medsourceorders.com

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 | | | | |
| | | | | |

FREE STANDARD SHIPPING

Order

Quote



Custom Busti



Black Buff D Pink Navy Blue Plum Plum Royal Blue Stainless Steel JoViJacket - Nylon & Spandex Powernet Black White

Polartec[®] Power Dry[®] Colors

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

Comments: Fitter/Therapist Name: ______ Email: ______ Phone: ______ Email: ______ All sales are subject to JoViPak's Return, Guarantee and Warranty policies BSN Medical Inc., an Essity company 器 essity 5825 Carnegie Blvd., Charlotte, NC 28209-4633 (f) /JOBSTUSA 🖸) @JOBST_USA JOBST°, Tel. (+1) 800 537 1063 Fax (+1) 800 835 4325 an Essity brand jobst-usa.com

@JOBSTforUSA

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|-----------------------|-------------------------------|--------------|------------------------------|
| JoViPak | Cu | 510111 | |
| Patient Name: | | | Previous Patient? 🗆 Yes 🗖 No |
| Height*: | _ Weight*: | Birthdate: | Cup Size: |
| Lumpectomy Left Right | Reconstruction 🗆 Left 🔲 Right | | |

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

| | Please record all measureme All measurements ar | |
|-------------------------------------------------------------------------------|----------------------------------------------------|---------|
| Circumferences | | Lengths |
| R (Torso @ Axilla) N (Largest Chest) M (Xyphoid Process) L (Lowest Rib) | | |

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: | | | |
|------------------------|--------|--------|--|
| | | | |
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| | | | |
| Fitter/Therapist Name: | Phone: | Email: | |