

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

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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:			
Fitter/Therapist Name:	Phone:	Email:	