



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

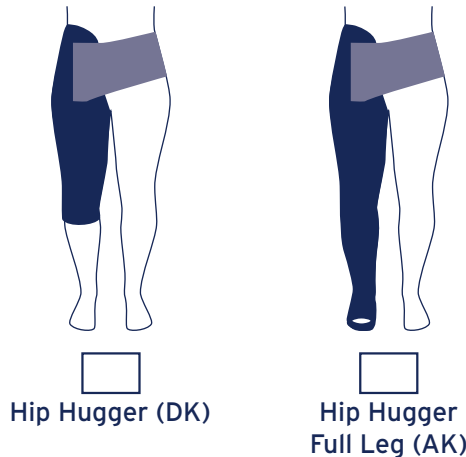
BILLING ADDRESS	SHIPPING ADDRESS	<input type="checkbox"/> Same as Billing Address
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Business Name	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

## ORDER SPECIFICATIONS

Quote  Order

## FREE STANDARD SHIPPING



Organic Cotton	
<input type="checkbox"/> Black	
<input type="checkbox"/> Ivory	
<input type="checkbox"/> Royal Blue	
JoViJacket	
<input type="checkbox"/> Black	<input type="checkbox"/> White

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

Comments:

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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

**Left**    **Right**

K (Natural Waist)    K    A to K

K<sup>1</sup> to G to K<sup>2</sup>

J (Mid Hip)    J    A to J

H (Widest Hip)    H    A to H

G (Groin)    G    A to G

F<sup>2</sup> (Upper Thigh)    F<sup>2</sup>    A to F<sup>2</sup>

F<sup>1</sup> (Mid Thigh)    F<sup>1</sup>    A to F<sup>1</sup>

F (Lower Thigh)    F    A to F

E (Patella)    E    A to E

D (Below Knee)    D    A to D

C (Widest Calf)    C    A to C

B<sup>1</sup> (Base of Calf)    B<sup>1</sup>    A to B<sup>1</sup>

B (Least Ankle)    B    A to B

H/A (Heel/Ankle)    H/A

a-(Tip of Toe)    a

i-(Instep)    i

b-(Base of Little Toe)    b

A-i (Heel to Instep)

A-b (Heel to Base of Toe)

A-a Total Foot Length

Medial

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)

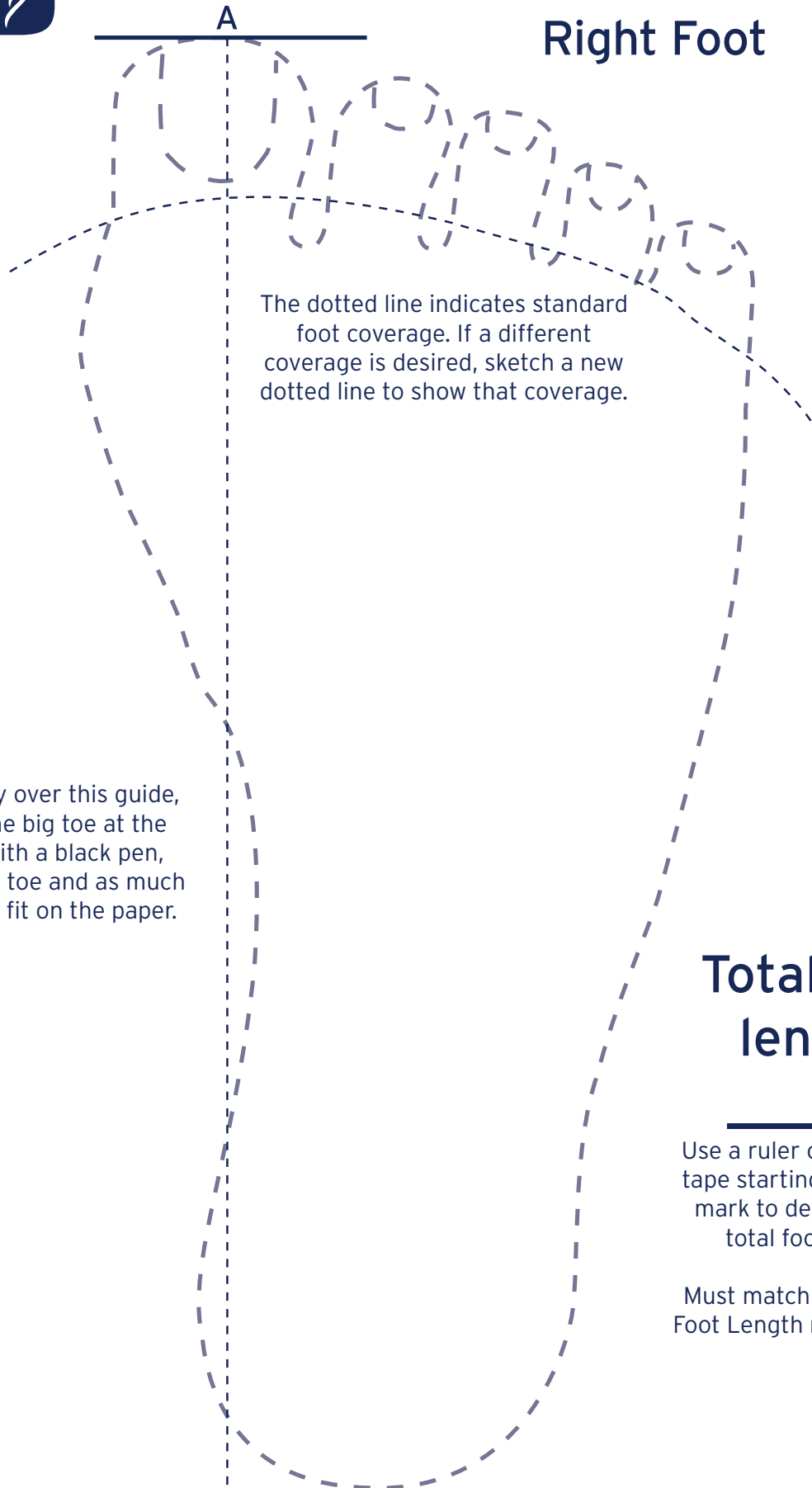
Channeling:  
 towards inguinal region  
 circumventing inguinal region (default)

- 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.
- If ordering additional leg garments, please include foot tracings.

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

# Custom Foot Tracing Right Foot



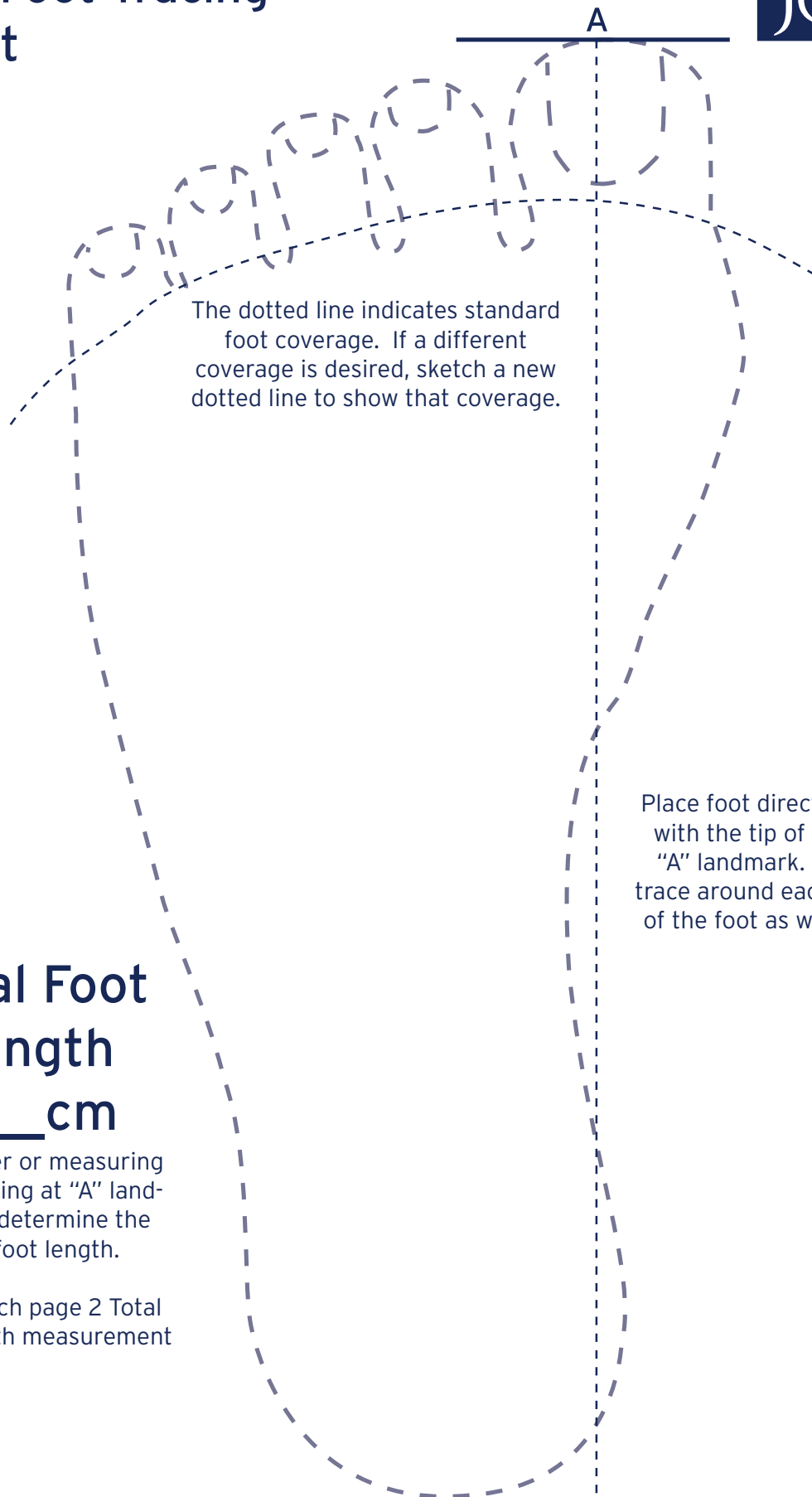
Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**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

# Custom Foot Tracing Left 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**  
**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 # \_\_\_\_\_