JOBST®
JoViPak

Vests
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

BILLING ADDRESS		SHIPPING ADDRESS	
Business Name		Name	
Attention		Attention	
Address		Address	
City	State	City	State
Phone	Zip	Phone	Zip

ORDER SPECIFICATIONS

☐ Quote   ☐ Order

FREE STANDARD SHIPPING

Vest with with optional Full Padding
(shown with vertical & horizontal padding options for illustration)

Vest with JoViJacket

Organic Cotton & Spandex Colors

☐ Black	☐ Ivory	☐ Royal Blue

JoViJacket - Nylon & Spandex Powernet

☐ Black	☐ White

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

Comments:

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

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

JOBST
JoViPak

Vests
Custom

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

Height*:_____ Weight*:_____ Birthdate: _____
*Height and weight are required.

Must select one: **Mastectomy** ☐ Left ☐ Right   **Reconstruction** ☐ Left ☐ Right   **Lumpectomy** ☐ Left ☐ Right

Circumference

Please record all measurements in centimeters
All measurements are required.

Lengths

Lengths should be taken along the side of the torso, starting at the waist (with a beginning number of 0), measuring up to the axilla (R).

☐ H to G to H (Arm Hole)
☐ R (Torso @ Axilla)
☐ N (Largest Chest)
☐ M (Xyphoid Process)
☐ L (Lowest Rib)
☐ K (Natural Waist)
☐ J (Mid Hip)

☐ K to R
☐ K to N
☐ K to M
☐ K to L
K (Natural Waist = 0)

The lower section beginning at K (Natural Waist), is a 20cm long unpadded/unchanneled peplum.

☐ K (front) through the Groin and to K (back)
(for Crotch Straps only - measure from center front waist, through the crotch, and up to the center back waist)

Additional Charge Options

Padded Insert
(equalizes pressure over mastectomy site)

Color: ☐ Black ☐ Buff
Size: ☐ Small (A/B)
☐ Medium (C)
☐ Large (D)
☐ XLarge (DD/E)

☐ Crotch Strap
(helps to keep garment in place for patients with larger abdomens (additional measurements required))

☐ Prepaid Reduction

☐ Full Vertical Padding to natural waist - peplum included
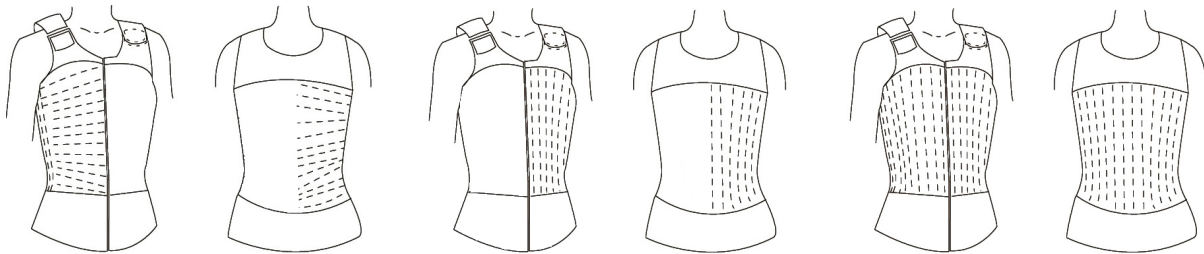
No Charge Options

☐ Slimline *(more channels and less foam)*

☐ Two Blend Foam *(Low ILD)*

☐ End garment at waist *(no peplum)*

• 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.

Channeling Options

☐ Half Padding Horizontal
☐ Left ☐ Right

☐ Half Padding Vertical
☐ Left ☐ Right

☐ Bilateral Vertical
(additional charge)

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

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