



Custom Arm Sleeve Order Form

Patient Name: _____ Date: _____

Step 1:

Please fill in the patient information.

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Other	<input type="checkbox"/> Mastectomy	<input type="checkbox"/> Lumpectomy	

Patient D.O.B.	__ Mo __ Day __ YR	Height	__ ft __ in	Weight	__ lbs	Bra Size	_____	Blouse Size	_____
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Step 2:

Choose a sleeve color and a JoViJacket color from the Color Options Chart to the right. The JoViJacket is an Additional Charge Option & should be checked in step 4.

Step 3:

Choose option(s) from the No Charge Options Chart on the below.

No Charge Options	
<input type="checkbox"/>	Snug Fit (0.3 cm {1/8 in} smaller at wrist to 1.2 cm {1/2 in} at axilla)
<input type="checkbox"/>	Slimline (more channels, less foam)
<input type="checkbox"/>	Cover to middle of fingers PIP (standard)
<input type="checkbox"/>	Cover to base of fingers only MP
<input type="checkbox"/>	Cover fingers to fingertips DIP
<input type="checkbox"/>	Low ILD Foam (less aggressive for fragile skin)

Color Options			
Cotton/Lycra®			
<input type="checkbox"/>	<input type="checkbox"/>	Royal Blue	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Black	Ivory
Polartec®			
<input type="checkbox"/>	<input type="checkbox"/>	Black*	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Buff	Leaf Green*
<input type="checkbox"/>	<input type="checkbox"/>	French Blue	Purple Heart
<input type="checkbox"/>	<input type="checkbox"/>	Glacier Blue	Royal Blue*
<input type="checkbox"/>	<input type="checkbox"/>	Pink*	Stainless Steel
<input type="checkbox"/>	<input type="checkbox"/>		White
Polartec® Silkweight			
<input type="checkbox"/>	<input type="checkbox"/>	Black	Blue Ridge
*Polartec® Polygiene® odor resistant fabric.			
JoViJackets			
<input type="checkbox"/>	<input type="checkbox"/>	Black	White

Step 4:

Choose option(s) from the Additional Charge Options Chart below.

Additional Charge Options	
<input type="checkbox"/>	Stitched-Finger Glove
<input type="checkbox"/>	Zipper from elbow to axilla
<input type="checkbox"/>	Zipper from back of hand to mid-forearm - (when hand is considerably larger than wrist)
<input type="checkbox"/>	Dorsum Pad - sewn into garment for additional pressure on back of hand
<input type="checkbox"/>	Palm Pad - sewn into garment to equalize pressure on back of hand
<input type="checkbox"/>	Easy-Slide® - donning aid
<input type="checkbox"/>	JoViJacket - Black or White
<input type="checkbox"/>	Dycem - donning aid

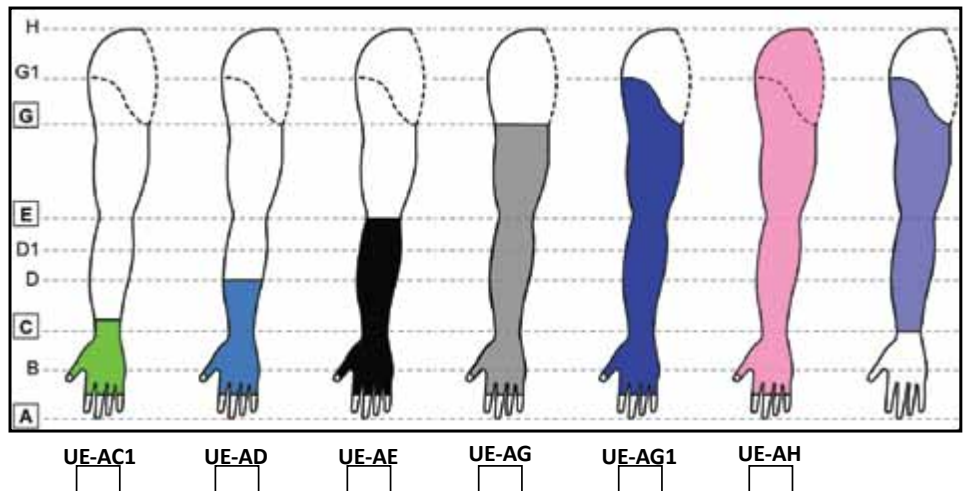
Note: For optimal shoulder compression the UE-AH must be ordered with the UE-AH-w/TE-JJ. Additional torso measurements are required.

Step 5:

Choose arm sleeve style from the chart on the right. (When ordering a two-piece garment select the boxes for both UE-AC1 and UE-CG1.)

Step 6:

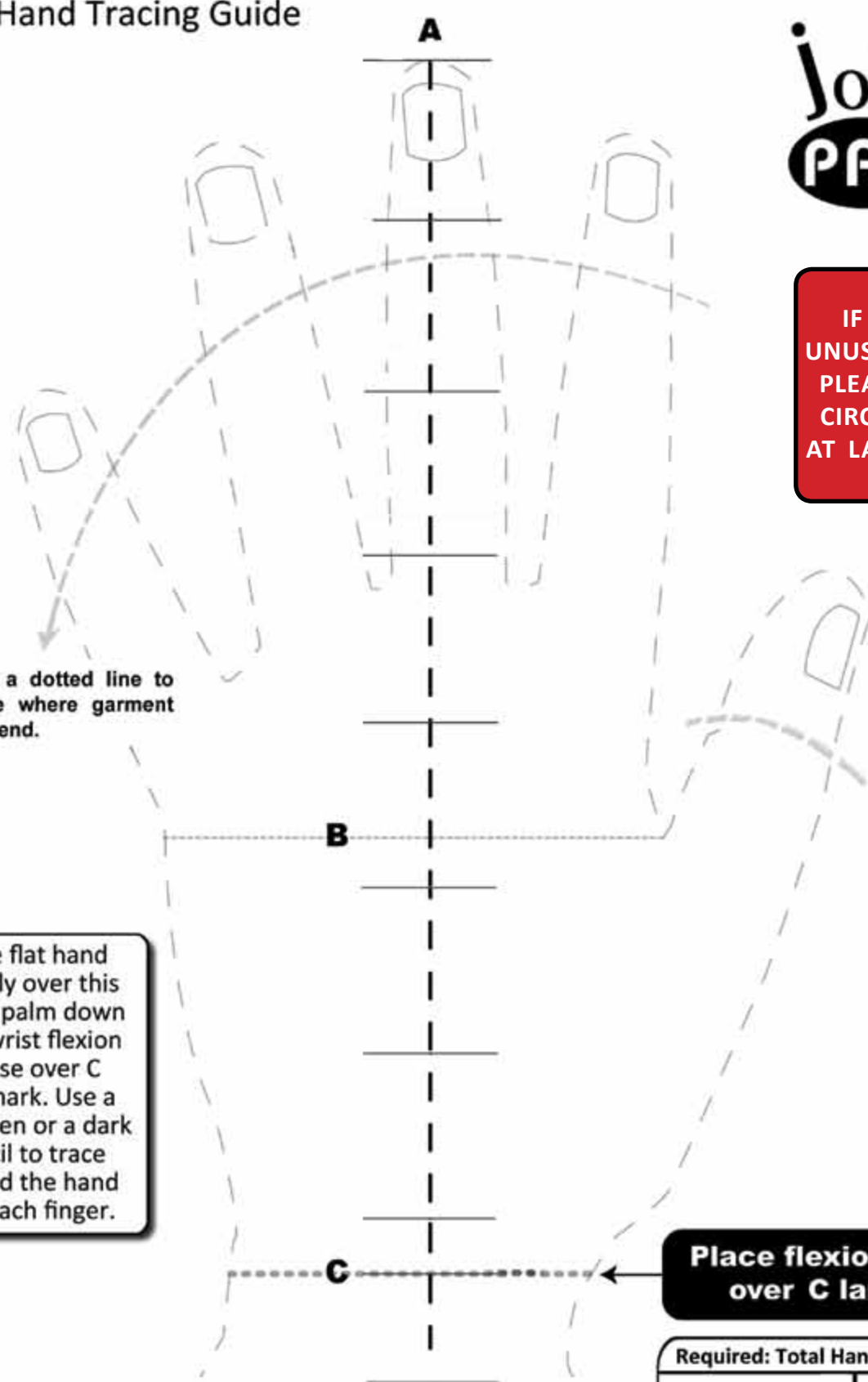
Send photographs of complex cases & other information you feel would be helpful to our design team at info@jovipak.com



JoViPak® Made-to-Order and Custom (Left) Hand Tracing Guide



IF THUMB IS UNUSUALLY LARGE PLEASE INCLUDE CIRCUMFERENCE AT LARGEST JOINT



Sketch a dotted line to indicate where garment should end.

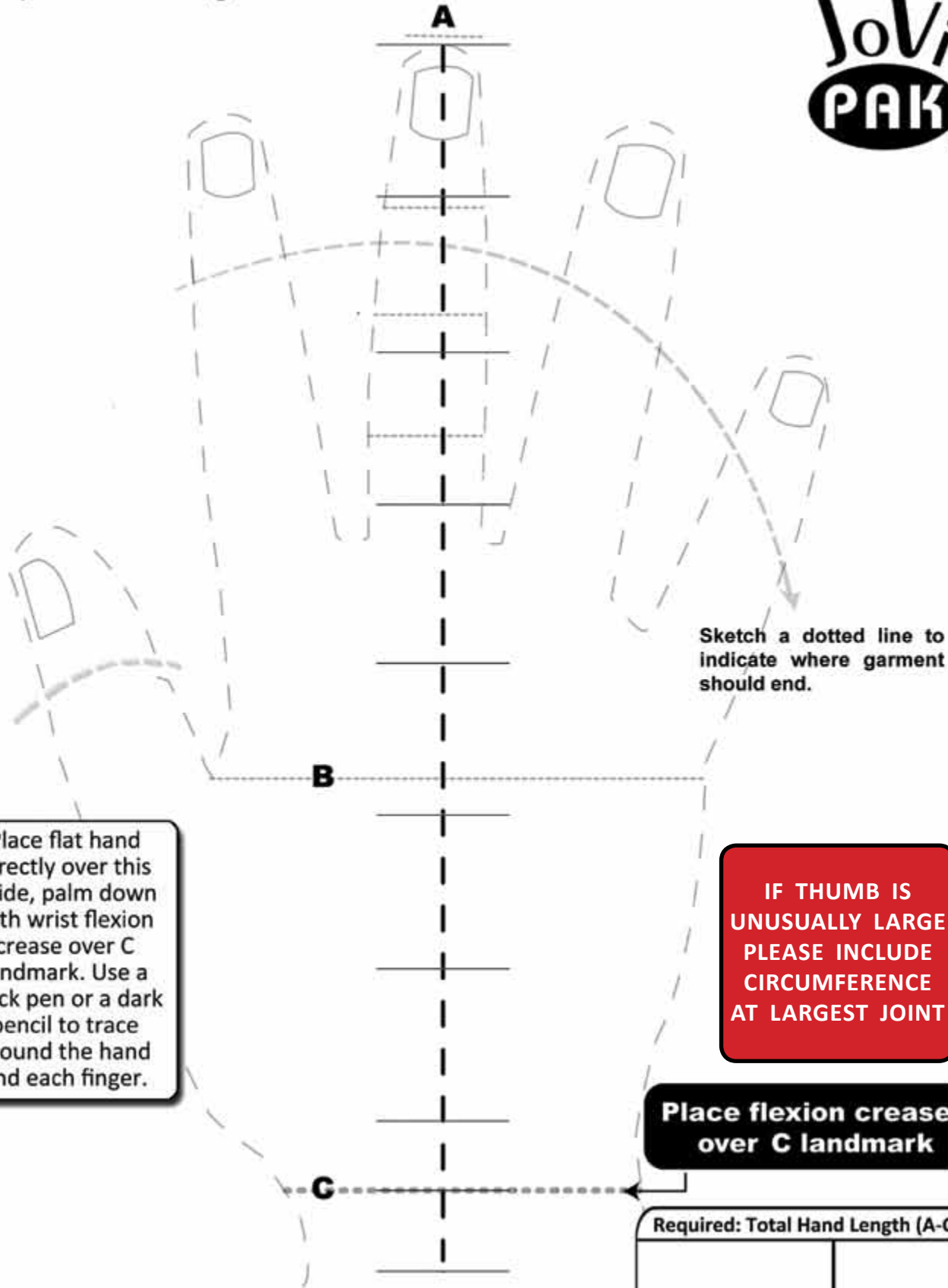
Place flat hand directly over this guide, palm down with wrist flexion crease over C landmark. Use a black pen or a dark pencil to trace around the hand and each finger.

Place flexion crease over C landmark

Required: Total Hand Length (A-C)	
centimeters	inches

Patient Name or Reference# _____

JoViPak® Made-to-Order and Custom (Right) Hand Tracing Guide



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

IF THUMB IS UNUSUALLY LARGE PLEASE INCLUDE CIRCUMFERENCE AT LARGEST JOINT

Place flexion crease over C landmark

Required: Total Hand Length (A-C)

centimeters	inches

Patient Name or Reference# _____



Custom Arm Sleeve Order Form

Date:	
Customer ID #:	
PO #:	
Fax Confirmation #:	
Confirmation Email:	

PATIENT INFORMATION:	
Patient Name:	
Previous Patient:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measuring Therapist:	
Therapist Phone:	

BILLING ADDRESS:			
Business Name:			
Attention:			
Email:			
Address:			
City:		State:	
Phone:		Zip:	

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

PAYMENT INFORMATION:	
<input type="checkbox"/> Check (Payable to JoViPak Corporation)	<input type="checkbox"/> Bill to Account
<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
<input type="checkbox"/> American Express	
Exp. Date:	<input type="text"/> / <input type="text"/>
Card #:	<input type="text"/>
Printed Cardholder Name:	<input type="text"/>

SPECIFY SHIPPING:	
<input type="checkbox"/> Business Address	<input type="checkbox"/> Residential Address*
<small>*Residential addresses are an additional \$10 and this includes home businesses.</small>	
PREFERRED SHIPPING METHOD:	
<input type="checkbox"/> Ground	<input type="checkbox"/> 2nd Day Air
<input type="checkbox"/> 3-Day Select	<input type="checkbox"/> Next Day Air

DESCRIPTION/SKU/PRODUCT#	QUANTITY

ORDER SPECIFICATIONS:		
<input type="checkbox"/> 5 Day Rush - 15% Up-Charge (Custom Only)	<input type="checkbox"/> Quote & Proceed	If neither Quote box is checked the order will be processed immediately.
<input type="checkbox"/> 48 Hour Rush - 25% Up-Charge	<input type="checkbox"/> Quote Only	