



Custom JoViBusti 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	<input type="checkbox"/> Right <input type="checkbox"/> Left

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

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



Additional Charge Options	
<input type="checkbox"/>	P-PI Padded Insert - Equalizes pressure over chest wall.
	Choose Pad Size: <input type="checkbox"/> A/B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> DD/E
<input type="checkbox"/>	JoViJacket - White or Black.

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

Step 3:

Choose a Busti color & a JoViJacket color from the Color Options Chart to the right. The JoViJacket is an Additional Charge Option which must be checked in step 2.

Step 4:

Record patient's measurements on chart below. (Optional for size verification.)

Torso Lengths		Torso Circumference
<input type="text"/>	L to R	R-(Torso at Axilla) <input type="text"/>
<input type="text"/>	L to N	N-(Largest Chest) <input type="text"/>
<input type="text"/>	L to M	M-(Xyphoid Process) <input type="text"/>
		L-(Lowest Rib) <input type="text"/>

Step 5:

Fax completed form to 202-895-6948.

Your order must include information from Step 1, additional charge options, Length, Busti color and JoViJacket color, completed measuring form and the billing and shipping form.



Custom JoViBusti 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	