



# Busti Custom

FAX COMPLETED FORM TO 1-877-760-4943

<b>PAYMENT INFORMATION</b>				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date		Patient Name	
Card #		Fax Confirmation #			
Name on Card				Email Confirmation	
<b>BILLING ADDRESS</b>			<b>SHIPPING ADDRESS</b>		
			<input type="checkbox"/> Same as Billing Address		
Business Name				Business Name	
Address				Address	
Attention				Attention	
City		State		City	
Phone		Zip		Phone	
<b>ORDER SPECIFICATIONS</b>					
<input type="checkbox"/> Quote Only		<input type="checkbox"/> Quote & Proceed		<input type="checkbox"/> Dealer Pricing	
				<input type="checkbox"/> MSRP	
<b>RUSH OPTION</b> <input type="checkbox"/> Additional 25% charge for 3 business day production period					
<b>SHIPPING</b> <i>Shipping rates may vary, depending on services requested and/or rates charged by carrier.</i>					
<input type="checkbox"/> FedEx® (2 day shipping) \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)		<input type="checkbox"/> Check if shipping to a residence		<input type="checkbox"/> USPS Priority Mail Flat Rate® Small or Medium box For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)	



Custom Busti



Custom Busti (posterior)

Polartec® Power Dry® Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> French Blue	<input type="checkbox"/> Glacier Blue
<input type="checkbox"/> Leaf Green (X-Static®)	<input type="checkbox"/> Navy Blue
<input type="checkbox"/> Pink	<input type="checkbox"/> Plum
<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Stainless Steel
<input type="checkbox"/> White (soft pink hue)	

JoViJacket - Nylon & Spandex Powernet	
<input type="checkbox"/> Black	<input type="checkbox"/> White (JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)

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

Questions? Call us at 1-866-888-5684 or email to [info@jovipak.com](mailto:info@jovipak.com)

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at [www.jovipak.com](http://www.jovipak.com)



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Patient Name: \_\_\_\_\_ Previous Patient?  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cup Size: \_\_\_\_\_

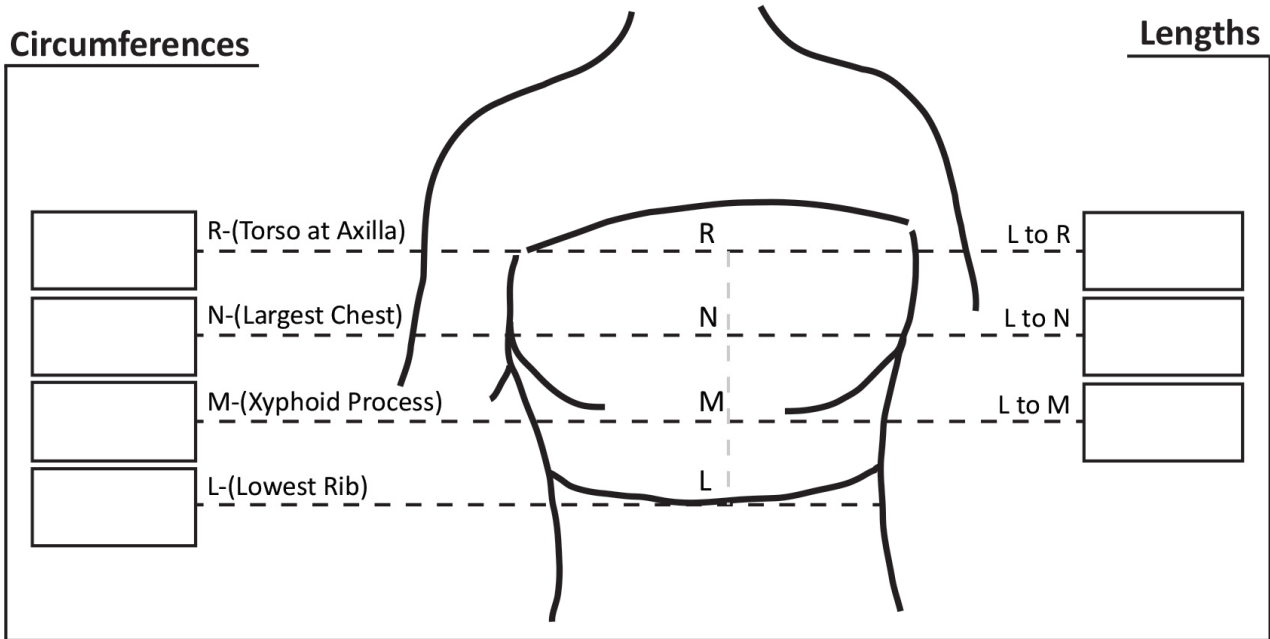
Lumpectomy  Left  Right Reconstruction  Left  Right

Bustis are produced with **Slimline** channeling (more channels and less foam than standard channeling).

Please record all measurements in centimeters.

### Circumferences

### Lengths



The Busti is most appropriate for lumpectomy patients. Mastectomy patients would be better served with a Custom Vest.

No Charge Options	
<input type="checkbox"/>	Two Blend Foam (Low ILD)

Additional Charge Options	
<input type="checkbox"/>	Prepaid Reduction

*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.com.*

Comments:

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

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