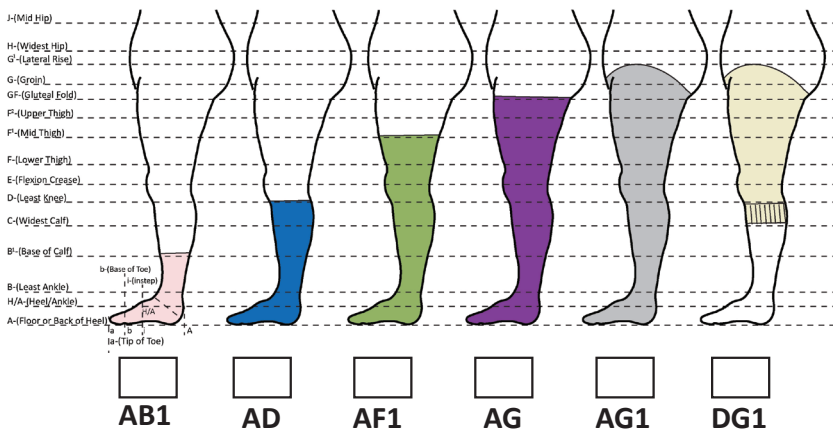


PAYMENT INFORMATION				Date	
JoViPak Account #		<input type="checkbox"/> Bill to Account		PO #	
<input type="checkbox"/> Charge Credit Card		Card Exp. Date <input type="text"/> / <input type="text"/>		Patient Name	
Card #				Fax Confirmation #	
Name on Card				Email Confirmation	
BILLING ADDRESS				SHIPPING ADDRESS <input type="checkbox"/> Same as Billing Address	
Business Name				Business Name	
Address				Address	
Attention				Attention	
City		State		City	
Phone		Zip		Phone	
ORDER SPECIFICATIONS					
<input type="checkbox"/> Quote Only		<input type="checkbox"/> Quote & Proceed		<input type="checkbox"/> Dealer Pricing	
				<input type="checkbox"/> MSRP	
RUSH OPTION <input type="checkbox"/> Additional 25% charge for 3 business day production period					
SHIPPING <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.)	



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)	
Organic Cotton & Spandex Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	
Techsheen Colors (ADVI Combi & ComfyBoot only)	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
SUPER Powernet Colors (InnaBoot only)	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff

Fitter/Therapist Name: _____ Phone: _____

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at www.jovipak.com

Patient Name: _____

Previous Patient? Yes No

Height: _____ Weight: _____ Birthdate: _____

Primary (congenital) or Secondary Lymphedema
(if no selection is made, JoViPak will default to Secondary Lymphedema)

Circumference

Left	Right

Leg Lengths
Measure lengths medially

Please record measurements in centimeters.

G1 Lateral Rise Options: 7.6 cm 12.7cm (default)

Styles

Standard Leg Garment (AD to AG1)

ADVI (AD)

ADVI Combi (AD) (with nylon & spandex Techsheen outer covering)

ComfyBoot (AD) (with nylon & spandex Techsheen outer covering)

InnaBoot AD AG (Organic Cotton & Spandex with SUPER Powernet JoViJacket)

No Charge Options

Cover to tips of toes

Two Blend Foam (Low ILD)

Additional Charge Options

JoViJacket Black White
(JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)

Safety Sok (matching fabric; non-slip sole)

Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in)

Medial Lateral

Zipper - ankle to knee

Zipper - knee to groin

ADVI Foot Style

Donning Loops

Pull Tabs (InnaBoots only)

Dycem® - donning aid

Easy-Slide - donning aid

Prepaid Reduction Option

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.

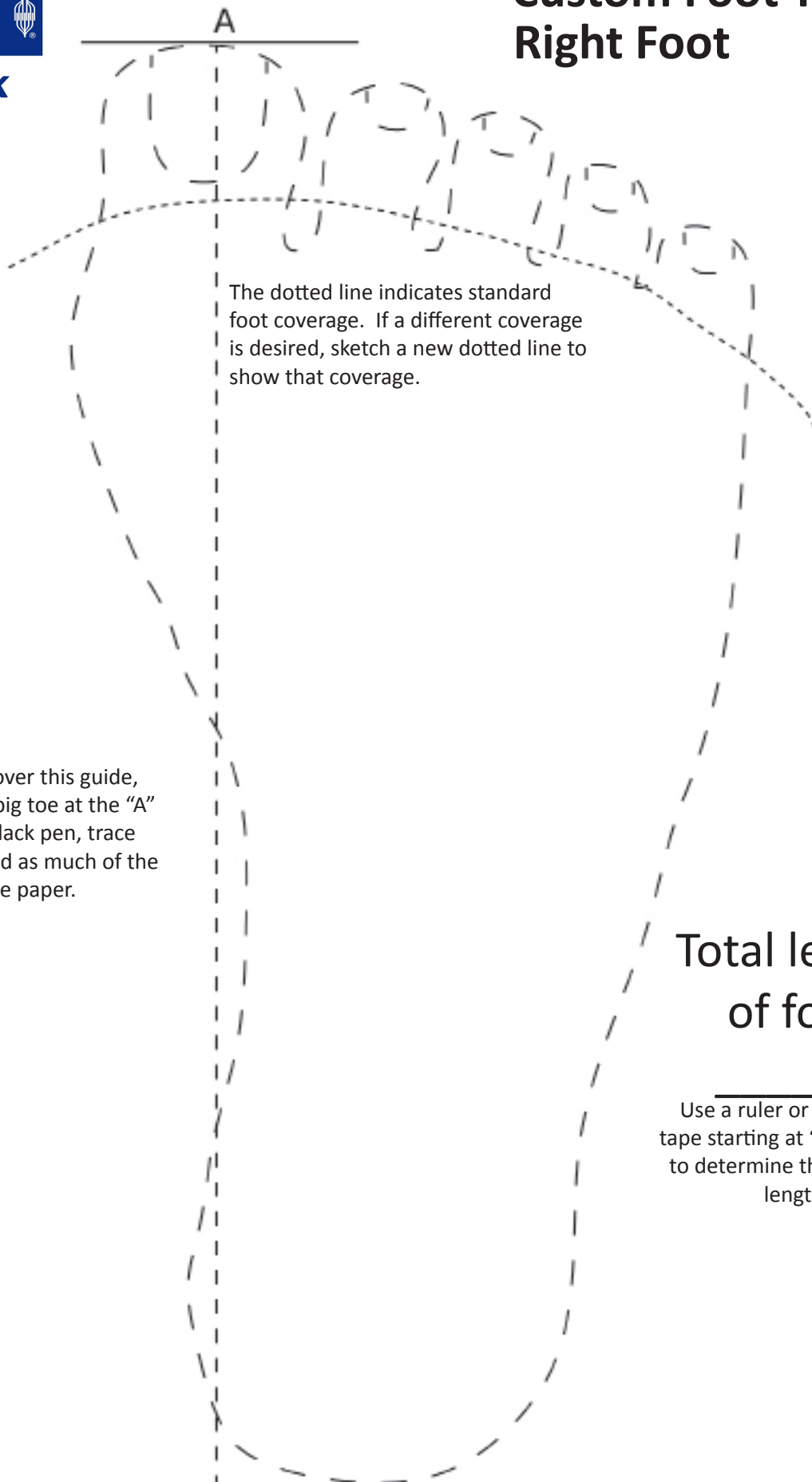
Comments:

Fitter/Therapist Name: _____ Phone: _____

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com

All sales are subject to JoViPak's Return, Guarantee and Warranty policies as outlined at www.jovipak.com

Custom Foot Tracing Right Foot



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

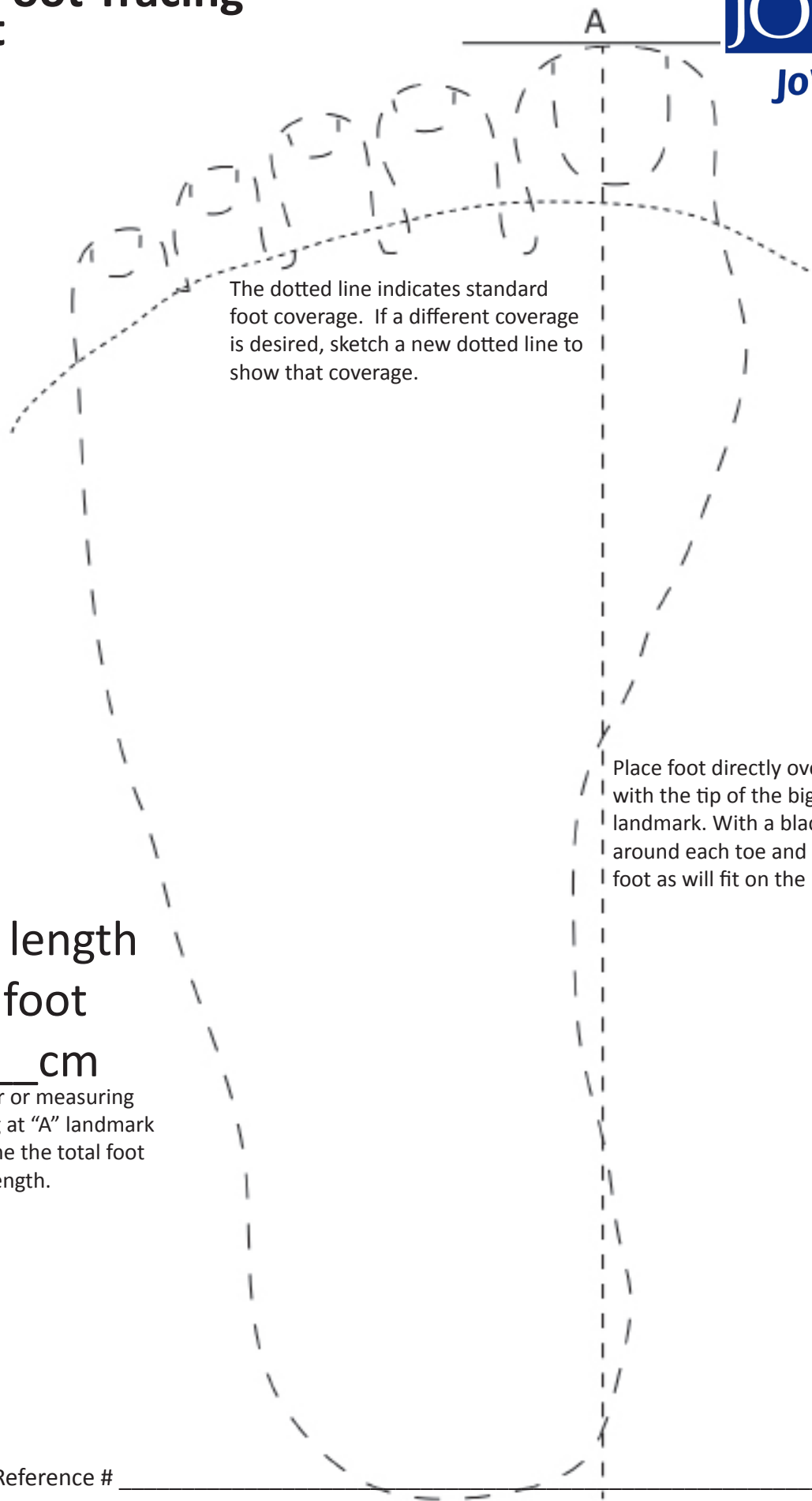
Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total length
of foot

_____ cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

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 length
of foot

_____ cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Patient Name or Reference # _____