



# Shoulder-Torso Arm Sleeves 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 <input type="text"/> / <input type="text"/>		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.)	



Standard Two Piece Arm Sleeve with optional Bilateral Arms, Padded Torso, Arm Sling & Dorsum Zipper



Optional Padded Torso & One Piece Arm Sleeve



Standard unpadded torso with One Piece Arm Sleeve & recommended JoViJacket

Garments are produced with **Slimline** channeling (more channels & less foam than standard channeling) & as a **Two Piece** garment (separate hand). If a Jovijacket is selected, it will also be Two Piece.

<b>Polartec® Power Dry® Colors</b>		
<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)	
<b>Polartec® Silkweight Colors</b>		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue Ridge	

Comments: \_\_\_\_\_

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)

Revised 10/2018



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Patient Name: \_\_\_\_\_ Previous Patient?  Yes Gender  F  M  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Left Arm  Right Arm  
 Mastectomy  Left  Right Lumpectomy  Left  Right Reconstruction  Left  Right

<p><b>BODY</b></p> <p>SS (Neck Line @ Shoulder Seam) SS <input type="text"/> SS to H (Length: Neck Line to Tip of Acromiom Process)</p> <p>Please record all measurements in centimeters.</p> <p><b>Circumferences</b></p> <p>H to G to H (Arm Hole) <input type="text"/></p> <p>G (Torso @ Axilla) <input type="text"/></p> <p>N (Largest Chest) <input type="text"/></p> <p>M (Xyphoid Process) <input type="text"/></p> <p>L (Lowest Rib) (Recommended Length) <input type="text"/></p> <p>K (Natural Waist) <input type="text"/></p> <p>G to N <input type="text"/></p> <p>Garments are produced with Slimline channeling (more channels &amp; less foam than standard channeling) and as a Two Piece garment (separate hand).</p> <p>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.</p> <p><b>Body Lengths</b> (both required)</p> <p>G to L (Base of Axilla to Lowest Rib) OR G to K (Base of Axilla to Natural Waist) (circle which is being provided) <input type="text"/></p> <p>H to L (Shoulder to Lowest Rib) OR H to K (Shoulder to Natural Waist) (circle which is being provided) <input type="text"/></p>		<p><b>ARM</b></p> <p><b>Lengths</b> (Medial)</p> <p><input type="text"/> C to H</p> <p><input type="text"/> C to G</p> <p><input type="text"/> C to F<sup>2</sup></p> <p><input type="text"/> C to F<sup>1</sup></p> <p><input type="text"/> C to F</p> <p><input type="text"/> C to E</p> <p><input type="text"/> C to D<sup>1</sup></p> <p><input type="text"/> C to D</p> <p><input type="text"/> C to B</p> <p><input type="text"/> C to A</p> <p><b>Circumferences</b></p> <p><input type="text"/> G (Axilla)</p> <p><input type="text"/> F<sup>2</sup> (Upper Bicep)</p> <p><input type="text"/> F<sup>1</sup> (Mid Bicep)</p> <p><input type="text"/> F (Widest Bicep)</p> <p><input type="text"/> E (Least Elbow)</p> <p><input type="text"/> D<sup>1</sup> (Widest Forearm)</p> <p><input type="text"/> D (Distal Forearm)</p> <p><input type="text"/> C (Least Wrist)</p> <p><input type="text"/> B (Palm @ Web Space) (Do not include thumb)</p> <p><input type="text"/> A (Tip of Longest Finger) (Required)</p>
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**No Charge Options**

Two Blend Foam (Low ILD)  One Piece Arm Sleeve (JoViJacket will also be One Piece)

**Additional Charge Options**

<p><b>JoViJacket - Nylon &amp; Spandex Powernet</b> <input type="checkbox"/> Black <input type="checkbox"/> White <i>(JoViJackets are recommended as additional compression is needed for maximum fit &amp; effectiveness.)</i></p> <p><b>Arm Sling</b> <input type="checkbox"/> Garment <input type="checkbox"/> JoViJacket</p> <p><input type="checkbox"/> <b>Stitched Finger Glove</b></p> <p><b>Pad</b> (sewn in) <input type="checkbox"/> Dorsum <input type="checkbox"/> Palm</p> <p><b>Torso Extension Padding</b> <input type="checkbox"/> Horizontal Channels <input type="checkbox"/> Vertical Channels</p> <p><b>Zipper</b> <input type="checkbox"/> Dorsum to mid-forearm <input type="checkbox"/> Wrist to elbow</p>	<p><b>Padded Insert</b> (equalizes pressure over mastectomy site)</p> <p>Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff</p> <p>Size: <input type="checkbox"/> Small (A/B) <input type="checkbox"/> Large (D)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Medium (C) <input type="checkbox"/> XLarge (DD/E)</p> <p><input type="checkbox"/> <b>Dycem</b></p> <p><input type="checkbox"/> <b>Easy Slide</b> (for garment without Stitched Finger Glove)</p> <p><input type="checkbox"/> <b>Prepaid Reduction</b></p>
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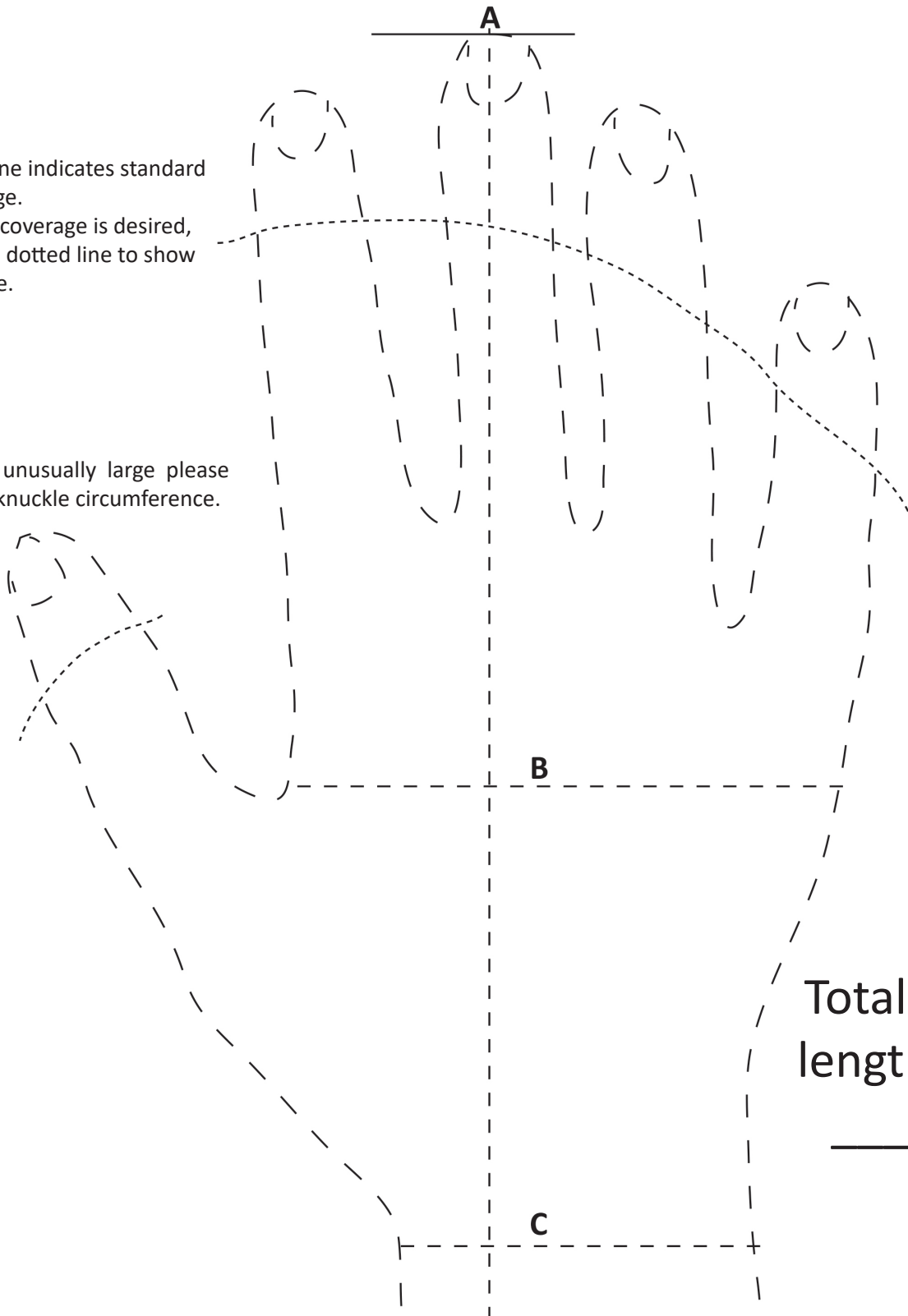
Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Revised 10/2018

# Custom Hand Tracing Right Hand

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

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

If thumb is unusually large please provide the knuckle circumference.



Total hand length (AC)  
 \_\_\_\_\_ cm

# Custom Hand Tracing Left Hand

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

