



# Vests 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			
				Fax Confirmation #			
Card #				Email Confirmation			
Name on Card							
<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		State	
Phone		Zip		Phone		Zip	
<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.)			



Vest with with optional Full Padding (shown with vertical & horizontal padding options for illustration)



Vest with recommended JoViJacket

Organic Cotton & Spandex Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory	<input type="checkbox"/> Royal Blue

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.)

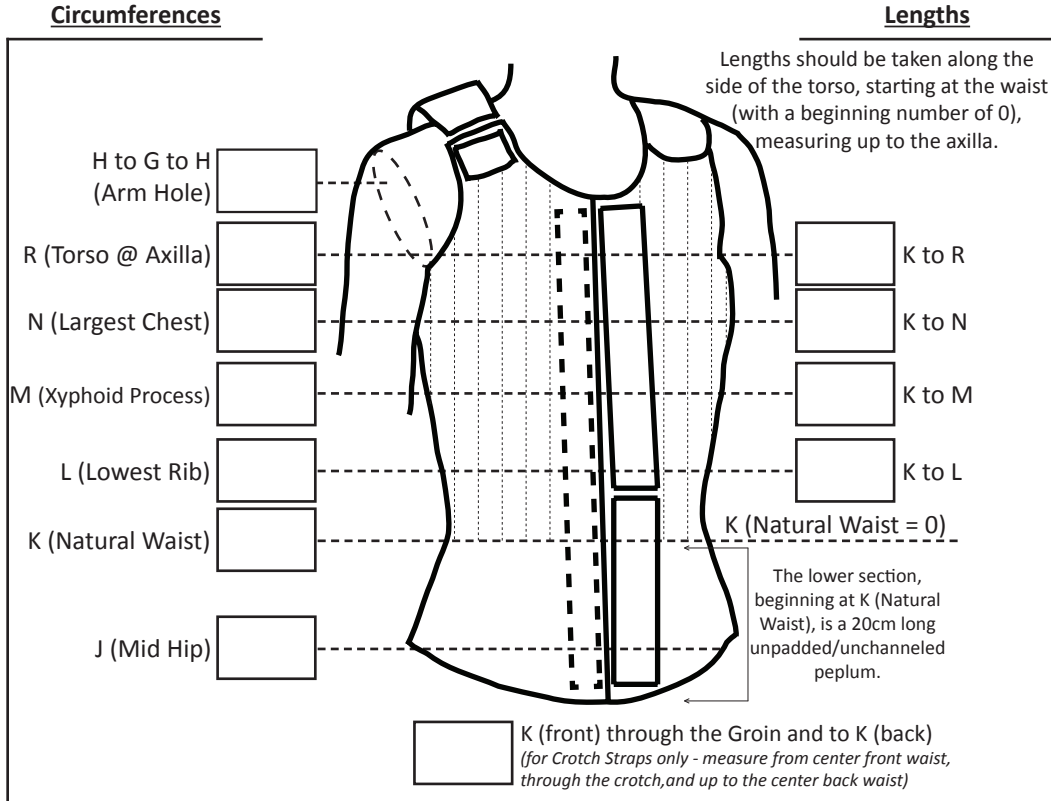
Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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)

Patient Name: \_\_\_\_\_ Previous Patient?  Yes  No  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender  F  M  
 Mastectomy  Left  Right Lumpectomy  Left  Right Reconstruction  Left  Right

Please record all measurements in centimeters.



**No Charge Options**

**Slimline** (more channels and less foam)

**Two Blend Foam** (Low ILD)

**End garment at waist**

**Additional Charge Options**

**Padded Insert** (equalizes pressure over mastectomy site)

Color:  Black  Buff

Size:  Small (A/B)  Medium (C)  Large (D)  XLarge (DD/E)

**Crotch Strap** (helps to keep garment in place for patients with larger abdomens (additional measurements required))

**Prepaid Reduction**

**Channeling and Padding**

**Half Padding** (no added charge)

Left Side  Right Side

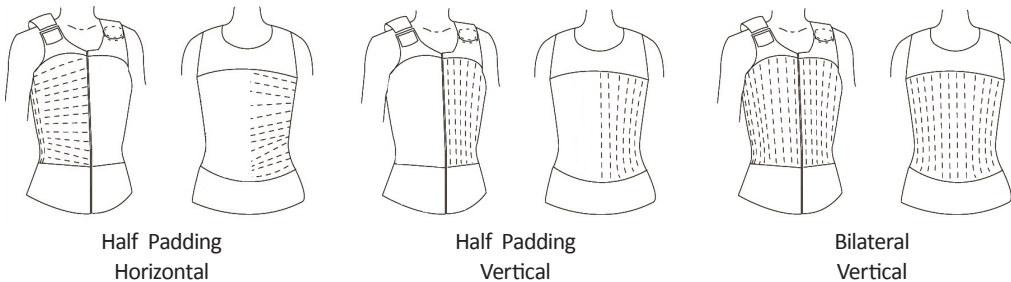
Horizontal  Vertical

**Full Vertical Padding to natural waist** (added charge)

**Full Vertical Padding to hemline** (added charge)

Pictures are needed if the patient has lobules, is over-sized or has some related issue. Please send pictures (no patient faces) to info@jovipak.com.

**Channeling Options**



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

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

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