

## **Legs Custom**



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**TO ORDER:** 

Your Compression Solution Gender: ☐ F ☐ M Previous Patient? Yes Patient Name:\_ Primary (congenital) or Secondary Lymphedema \_\_\_\_\_ Birthdate: \_ Heiaht\*: Weight\*:\_ \*Height and weight are required. (if no selection is made, JoViPak will default to Secondary Lymphedema) **PAYMENT INFORMATION** PO # Account # 4076584 Bill to Account Date Fax Confirmation # **Email Confirmation SHIPPING ADDRESS Business Name** Address City State Zip **Attention** Phone Please record all measurements in centimeters Styles G1 Lateral Rise Options: All measurements are required. Leg Lengths 12.7 cm 7.6 Пар M AG1 Circumference (default) cm Measure lengths medially, straight, Polartec® Power Dry® Colors Left Right not contoured G (Top of Thigh) □ Black Pink F<sup>2</sup> (Upper Thigh) A to F<sup>2</sup> Navy Blue **JoViJacket** A to F1 F<sup>1</sup> (Mid Thigh) Black White (JoViJackets are required to be worn with F (Lower Thigh) A to F your JoVi foam garment to ensure maximum fit and effectiveness.) E (Patella) A to E Additional Charge Options D (Below Knee) Pad - Dorsum (sewn in) Pad - Malleolus (sewn in) Medial Lateral C (Widest Calf) A to C Zipper - ankle to knee  $B^1$  (Below Calf)  $B^1$ A to B1 Zipper - knee to groin **Donning Loops** B (Smallest Ankle) No Charge Options Y (Heel / Ankle) Cover to tips of toes a (Tip of Toe) 2 Blend Foam (two-way, less aggressive i (Instep) aı blend for patients with fragile or compromised tissue) A-i (Heel to instep) Comments: (Base of little toe) A-b (Heel to base of toe) A-a (Total Foot Length) 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@essity.com.



Fitter/Therapist Name: \_\_\_



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\_ Phone: \_\_

\_\_\_\_ Email: \_\_



