

Patient Name: _____ Previous Patient? Yes Gender: F M
 Height*: _____ Weight*: _____ Birthdate: _____ Primary (congenital) or Secondary Lymphedema
*Height and weight are required. (if no selection is made, JoViPak will default to Secondary Lymphedema)

PAYMENT INFORMATION

Account # 4076584	<input type="checkbox"/> Bill to Account	Date	PO #
Fax Confirmation #	Email Confirmation		

SHIPPING ADDRESS

Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Attention _____ Phone _____

Measure extended arm in relaxed position, palm up
 Please record all measurements in centimeters. All measurements are required.

Style - AG1

Circumference

G¹ Lateral Rise Options:
 6.35 cm (default)
 10.15 cm

Arm Lengths
 Measure Lengths medially

Left	Right		
<input type="text"/>	<input type="text"/>	G (Axilla)	C to G
<input type="text"/>	<input type="text"/>	F ² (Upper Bicep)	C to F ²
<input type="text"/>	<input type="text"/>	F ¹ (Mid Bicep)	C to F ¹
<input type="text"/>	<input type="text"/>	F (Lower Bicep)	C to F
<input type="text"/>	<input type="text"/>	E (Least Elbow)	C to E
<input type="text"/>	<input type="text"/>	D ¹ (Widest Forearm)	C to D ¹
<input type="text"/>	<input type="text"/>	D (Distal Forearm)	C to D
<input type="text"/>	<input type="text"/>	C (Least Wrist)	
<input type="text"/>	<input type="text"/>	B (Palm at Web Space) Do not include thumb	C to B
<input type="text"/>	<input type="text"/>	A (Tip of Longest Finger) - REQUIRED	C to A

Polartec® Power Dry® Colors

Black Pink
 Navy Blue

Additional Charge Options

JoViJacket Black White
(JoViJackets are required to be worn with your JoVi foam garment to ensure maximum fit and effectiveness)

Stitched Finger Glove

Pad - Dorsum
(sewn in; provides additional pressure on dorsum)

Palm Pad
(sewn in; equalizes pressure in palm area)

Two Piece Arm Sleeve (AG1 or AG - separate hand; JoViJacket will match garment)

Zipper - dorsum to mid-forearm

Zipper - elbow to axilla

Zipper - wrist to elbow

No Charge Options

Slimline (more channels and less foam than standard channelling)

Cover to middle of fingers

Cover to base of fingers

Cover fingers completely

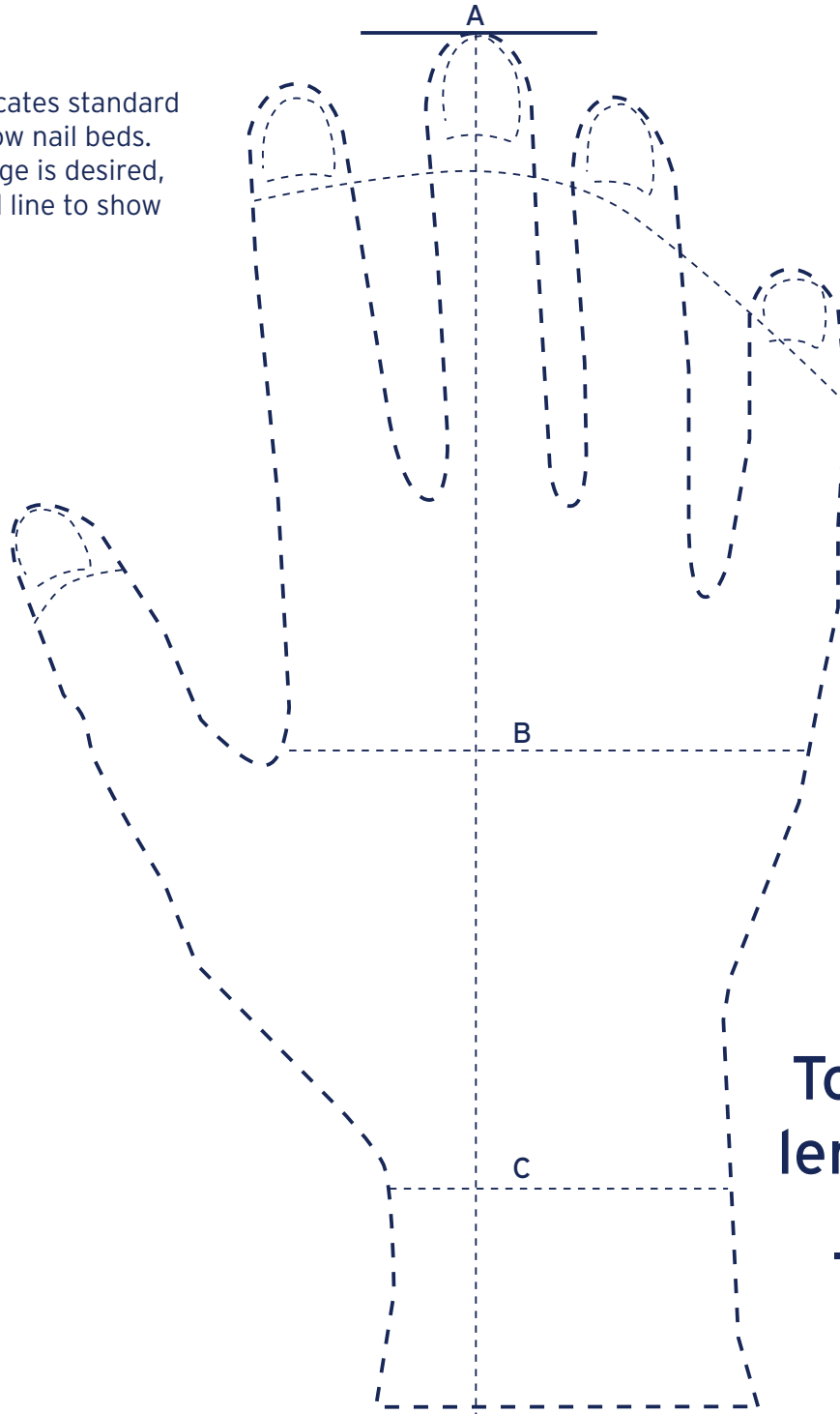
2 Blend Foam (two-way, less aggressive blend for patients with fragile or compromised tissue)

Comments:

Fitter/Therapist Name: _____ Phone: _____ Email: _____

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.

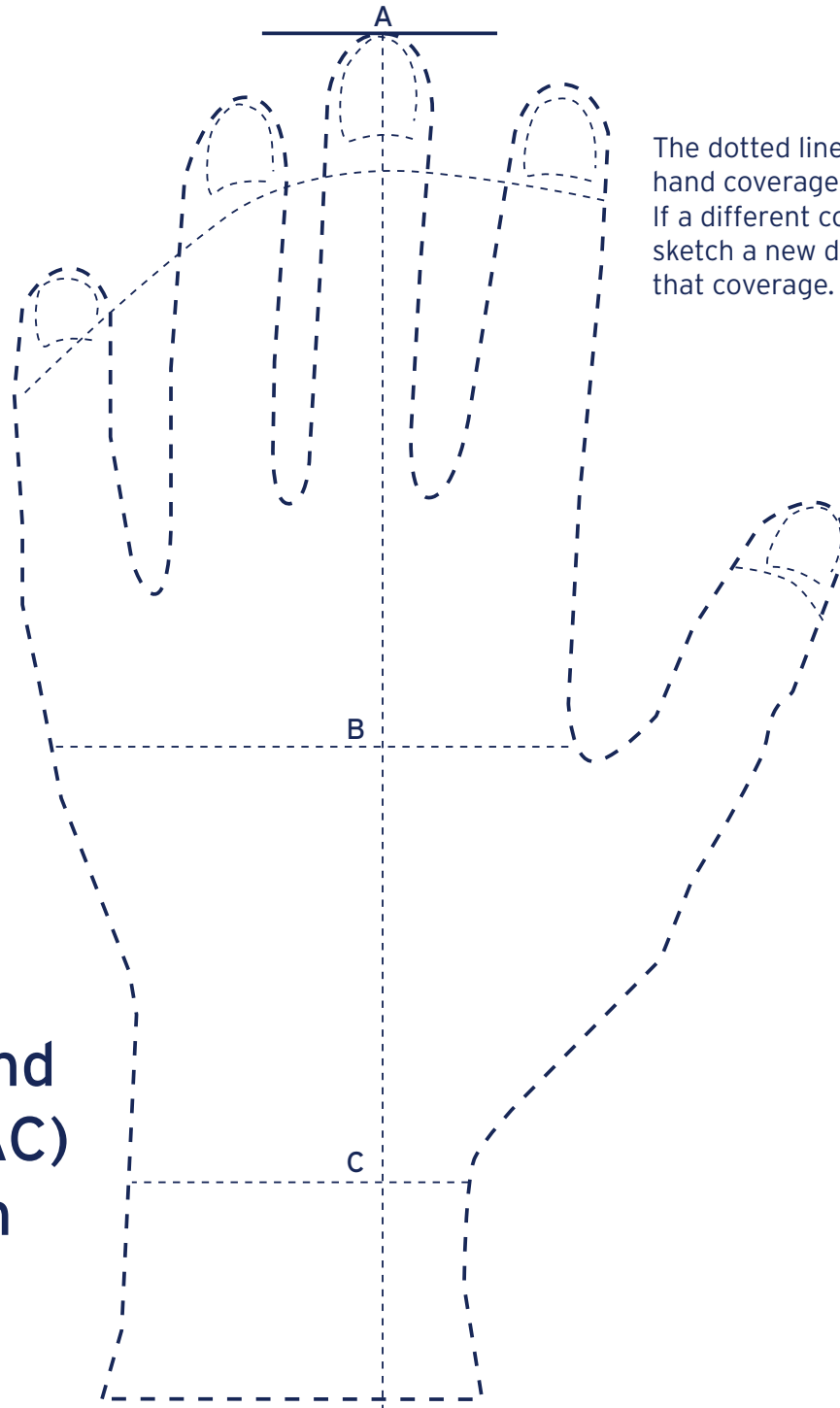
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



**Total hand
length (AC)**
_____ cm

Patient Name or Reference # _____

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. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.

Total hand
length (AC)
_____cm

Patient Name or Reference # _____

All sales are subject to JoViPak's Return, Guarantee and Warranty policies