



Absolute Medical. 1843 W Hubbard St #2A
Chicago, IL 60622
Tel: 312 233 2207 Fax: 866 860 9358
To Order Online: orders@absolutemedical.com
Our website: absolutemedical.com

Patient Last Name: _____ Patient First Name: _____
Fitter Last Name: _____ Fitter First Name: _____
Date: _____

Custom Boxer & Boxer Capri Order Form

ORDER SPECIFICATIONS:					
<input type="checkbox"/> Quote Only	<input type="checkbox"/> Quote & Proceed	<input type="checkbox"/> Reseller Pricing	<input type="checkbox"/> Retail Pricing		
Rush Order Options:					
<input type="checkbox"/> 5 Day Rush - 15% Up-Charge			<input type="checkbox"/> 48 Hour Rush - 25% Up-Charge		
PREFERRED SHIPPING METHOD: <input type="checkbox"/> UPS 3 rd Party Billing (3 rd Party Billing will have a \$5 handling fee)					
<input type="checkbox"/> Most Cost Effective	<input type="checkbox"/> USPS Priority Mail® Small (\$6) or Medium (\$12) Flat Rate boxes	<input type="checkbox"/> UPS® Ground (\$13*)	<input type="checkbox"/> UPS 3 Day Select® (\$26*) <i>Not available for AK or HI</i>	<input type="checkbox"/> UPS 2nd Day Air® (\$30*)	<input type="checkbox"/> UPS Next Day Air® (\$57*)

* UPS shipping prices listed are for contiguous 48 US states only. Shipments to residential addresses will have additional \$7 charge.



Boxer

☐


Boxer Capri

☐

Polartec® Power Dry® Color Options

Black	Buff	French Blue
Glacier Blue	Leaf Green (X-Static®)	Navy Blue
Pink	Plum	Royal Blue
Stainless Steel	White (soft pink hue)	



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Custom Boxer & Boxer Capri

Previous Patient? ☐ Yes ☐ No

☐ Primary or ☐ Secondary Lymphedema

Circumference		Leg Lengths	
<input type="text"/>	L (Lowest Rib)	<input type="text"/>	A to L
<input type="text"/>	K (Natural Waist)	<input type="text"/>	A to K
<input type="text"/>	K ¹ thru G to K ²	<input type="text"/>	A to J
<input type="text"/>	J (Mid Hip)	<input type="text"/>	A to H
<input type="text"/>	H (Widest Hip)	<input type="text"/>	
Left	Right		
<input type="text"/>	<input type="text"/>	G (Groin)	A to G
<input type="text"/>	<input type="text"/>	F ² (Upper Thigh)	A to F ²
<input type="text"/>	<input type="text"/>	F ¹ (Mid Thigh)	A to F ¹
<input type="text"/>	<input type="text"/>	F (Lower Thigh)	A to F
<input type="text"/>	<input type="text"/>	E (Flexion Crease)	A to E
<input type="text"/>	<input type="text"/>	D (Least Knee)	A to D
<input type="text"/>	<input type="text"/>	C (Widest Calf)	A to C
<input type="text"/>	<input type="text"/>	B ¹ (Base of Calf)	A to B ¹
<input type="text"/>	<input type="text"/>	b (Base of Toe) i (instep)	A to B
<input type="text"/>	<input type="text"/>	B (Least Ankle)	
<input type="text"/>	<input type="text"/>	H/A (Heel/Ankle)	
<input type="text"/>	<input type="text"/>	a (Tip of Toe)	
<input type="text"/>	<input type="text"/>	i (instep)	A-i (Heel to instep)
<input type="text"/>	<input type="text"/>	b (At base of little toe)	A-b (Heel to base of toe)
			A-a Total Foot Length

K¹ thru G to K² is measured from center front waist through the crotch up to center back waist.

Boxer or Boxer Capri Additional Charge Options
JoViJacket (Super PowerMesh) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Buff

Boxer Additional Charge Options
Custom Classic Full Leg (Separate AF1) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Cover to tips of toes (no charge)
JoViJacket (AG) <input type="checkbox"/> Black <input type="checkbox"/> White
Zipper - ankle to knee
Zipper - knee to groin
Dorsum Pad (sewn in)
Malleolus Pad (sewn in) <input type="checkbox"/> Medial <input type="checkbox"/> Lateral
Safety Sok (non-slip sole)
Donning Loops
Dycem® - donning aid
Easy-Slide - donning aid
Prepaid Reduction Option <input type="checkbox"/> Boxer <input type="checkbox"/> Custom AF1

Boxer Capri Additional Charge Options
Custom Classic Lower Leg (Separate AD) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Cover to tips of toes (no charge)
JoViJacket (AD) <input type="checkbox"/> Black <input type="checkbox"/> White
JoViJacket (AG) <input type="checkbox"/> Black <input type="checkbox"/> White
Zipper - ankle to knee
Zipper - knee to groin
Dorsum Pad (sewn in)
Malleolus Pad (sewn in) <input type="checkbox"/> Medial <input type="checkbox"/> Lateral
Safety Sok (non-slip sole)
Donning Loops
Dycem® - donning aid
Easy-Slide - donning aid
Prepaid Reduction Option <input type="checkbox"/> Boxer Capri <input type="checkbox"/> Custom AD

- Low ILD foam (for fragile or compromised tissue) is available upon request.
- Additional charges will be added for darts or oversized garments, and will be determined by JoViPak's design team. You will be notified if this occurs. If the patient has leg lobules, please send photos.
- If ordering additional leg garments, please include foot tracings.



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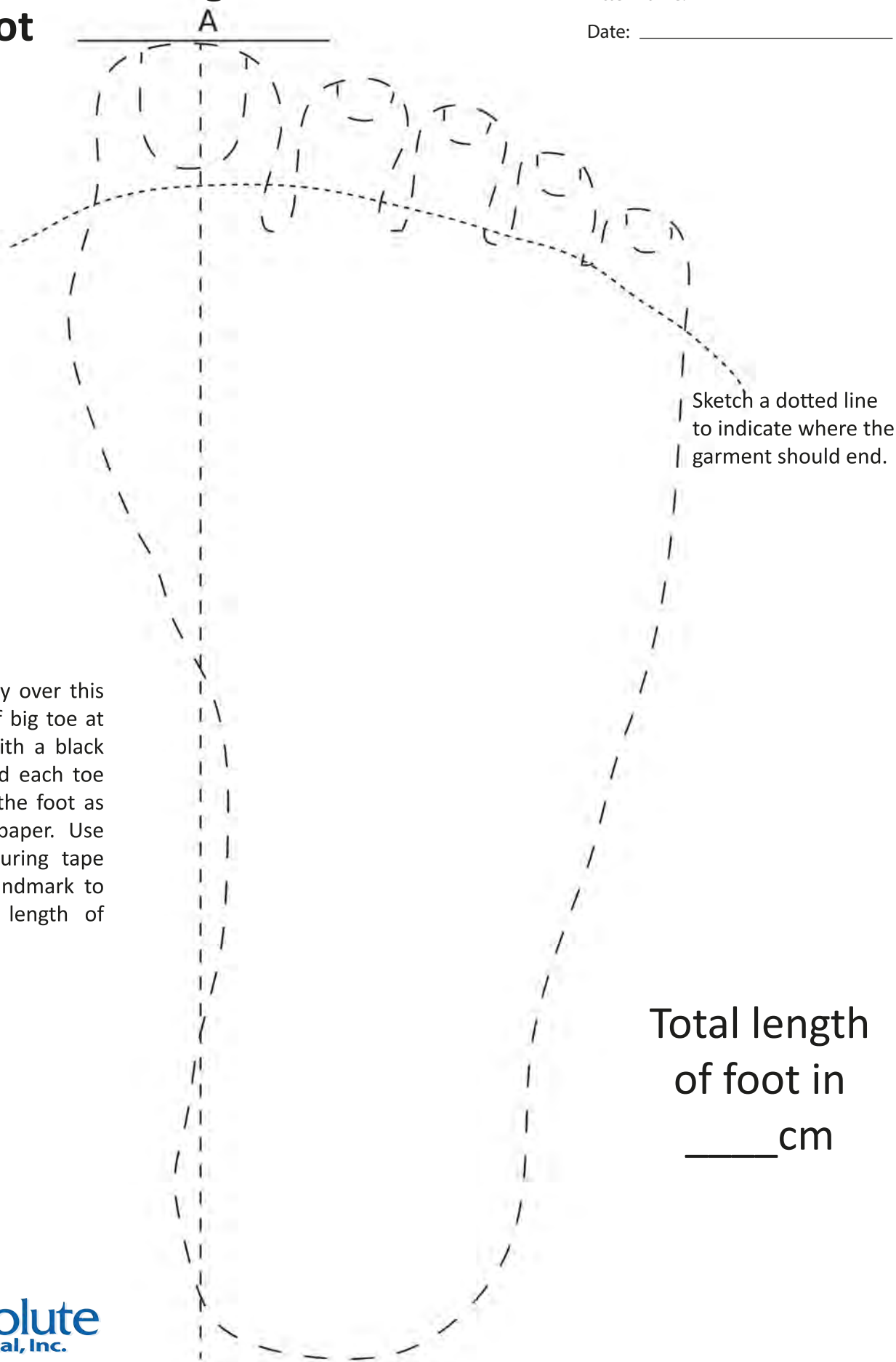
Custom Foot Tracing

Right Foot

Patient Name: _____

Fitter Name: _____

Date: _____



Place foot directly over this guide, with tip of big toe at "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper. Use a ruler or measuring tape starting at "A" landmark to determine total length of foot.

Total length
of foot in
_____cm

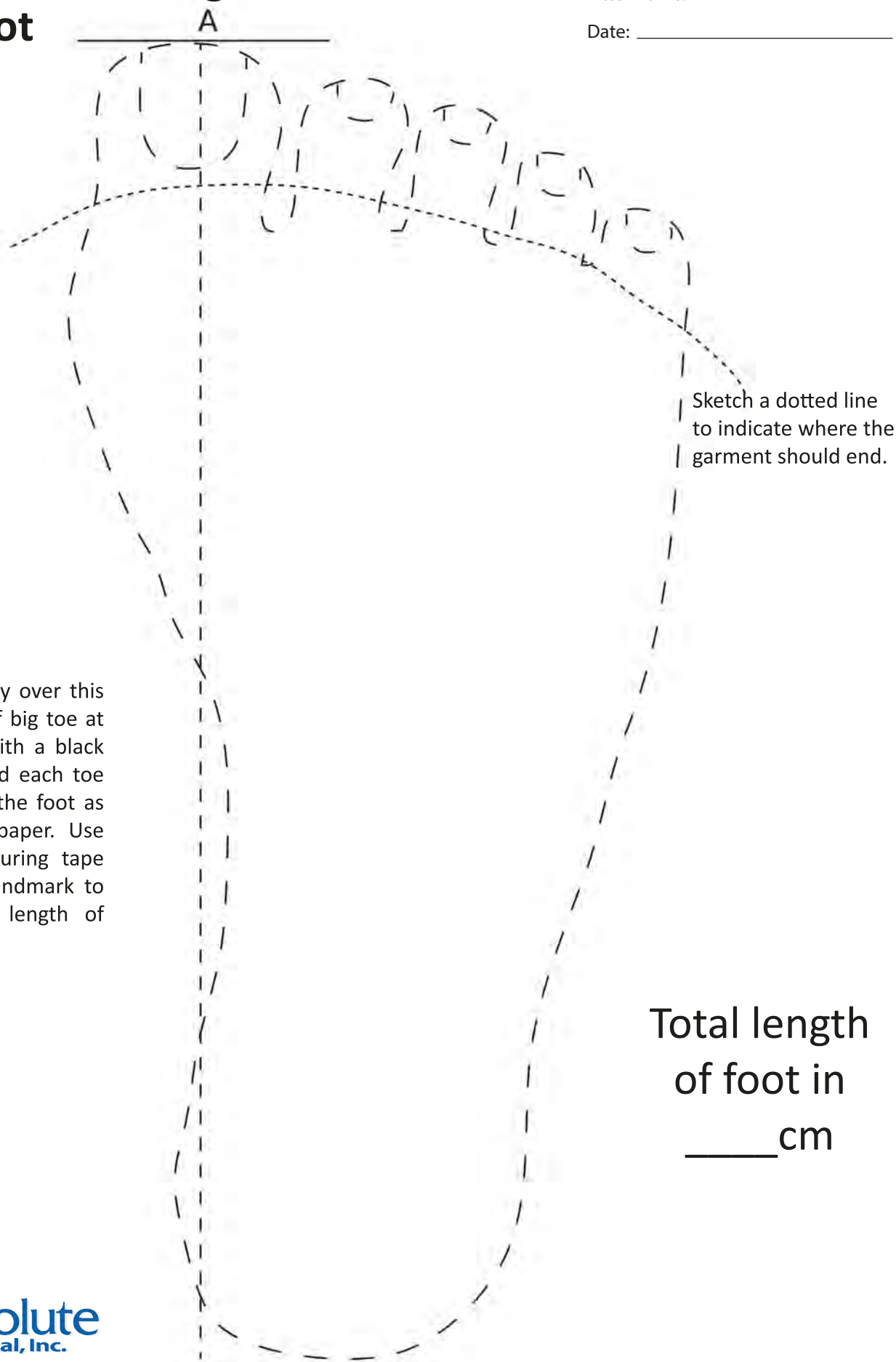
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