Arm Sleeves Custom

JOBST®
JoViPak

Patient Name:_____

PAYMENT INFORMATION

Account # (Required)	☐ Bill to Account	Date
☐ Charge Credit Card	[ ] [ ] Card Exp. Date	PO #
Card #		Fax Confirmation #
Name on Card		Email Confirmation

BILLING ADDRESS | SHIPPING ADDRESS ☐ Same as Billing Address

BILLING ADDRESS	SHIPPING ADDRESS
Business Name	Name
Attention	Attention
Address	Address
City State	City State
Phone Zip	Phone Zip

ORDER SPECIFICATIONS

☐ Quote   ☐ Order

FREE STANDARD SHIPPING

G1
G
E
D1
D
C
B
A

☐ AC1*   ☐ AD   ☐ AE   ☐ AG   ☐ AG1   ☐ CG1

*Can be worn with a CG1

Comments:
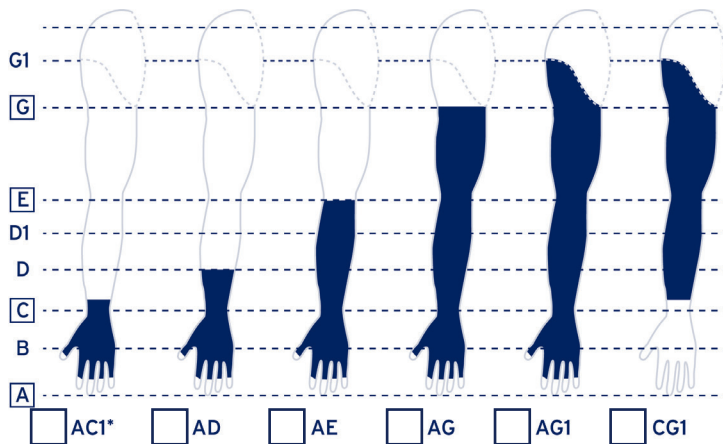
Polartec® Power Dry® Colors

	QTY		QTY
☐ Black		☐ Buff	
☐ Pink		☐ Plum	
☐ Royal Blue			

Organic Cotton Colors

	QTY		QTY
☐ Black		☐ Ivory	

JoViJacket

	QTY		QTY
☐ Black		☐ White	

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

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

JOBST® JoViPak

Arm Sleeves Custom

Patient Name:_____ Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*:_____ Weight*:_____ Birthdate: _____
*Height and weight are required.

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

Circumference
| Left | Right | | | Arm Lengths | Left | Right |

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

Arm Lengths
Measure Lengths medially

Circumference		Landmark		Arm Lengths	
Left	Right			Left	Right
☐	☐	G (Axilla) / G / C to G		☐	☐
☐	☐	F² (Upper Bicep) / F² / C to F²		☐	☐
☐	☐	F¹ (Mid Bicep) / F¹ / C to F¹		☐	☐
☐	☐	F (Lower Bicep) / F / C to F		☐	☐
☐	☐	E (Least Elbow) / E / C to E		☐	☐
☐	☐	D¹ (Widest Forearm) / D¹ / C to D¹		☐	☐
☐	☐	D (Distal Forearm) / D / C to D		☐	☐
☐	☐	C (Least Wrist) / C			
☐	☐	B (Palm at Web Space) / B / C to B		☐	☐

Wrist Landmark

B (Palm at Web Space)
Do not include thumb

(Wrist to Palm at Web Space)

A / C to A
(Wrist to Tip of Longest Finger) - REQUIRED

Additional Charge Options

- ☐ Donning Loops
- ☐ Stitched Finger Glove
- ☐ Dorsum Pad (sewn in; provides additional pressure on dorsum)
- ☐ Palm Pad (sewn in; equalizes pressure in palm area)
- ☐ 2 Piece Arm Sleeve (AG1 or AG - separate hand; JoViJacket will match garment)
- ☐ Zipper - dorsum to forearm
- ☐ Zipper - elbow to axilla
- ☐ Zipper - wrist to elbow
- ☐ Dycem® - donning aid
- ☐ Arion Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
- ☐ Prepaid Reduction

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 (Low ILD)

Channeling:
- ☐ towards axilla region
- ☐ bypassing axilla region (default)

Dycem® is a registered trademark of Dycem Ltd.

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.
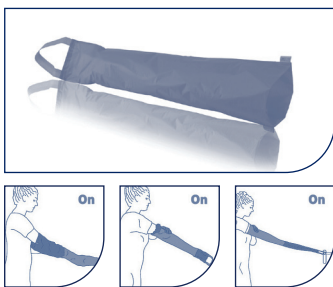
Arion Easy-Slide Arm On
- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid

| Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	14.5"–15.1" (37–38.5cm)	7966102	1	
Large	15.3"–16.1" (39–41cm)	7510001	1	

Comments:

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

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

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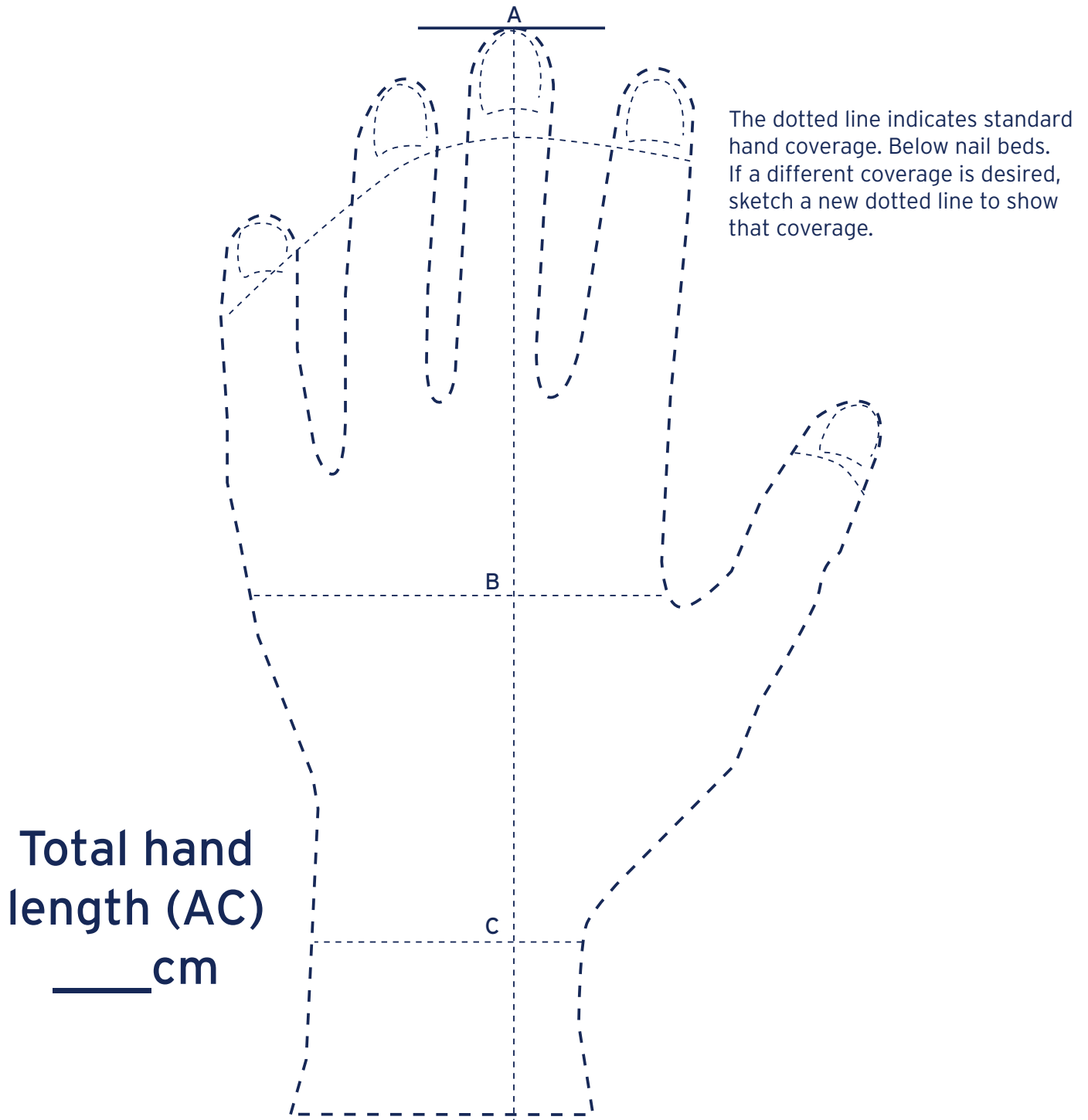
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.

A

B

C

Total hand length (AC)
_____ cm

Patient Name or Reference # _____

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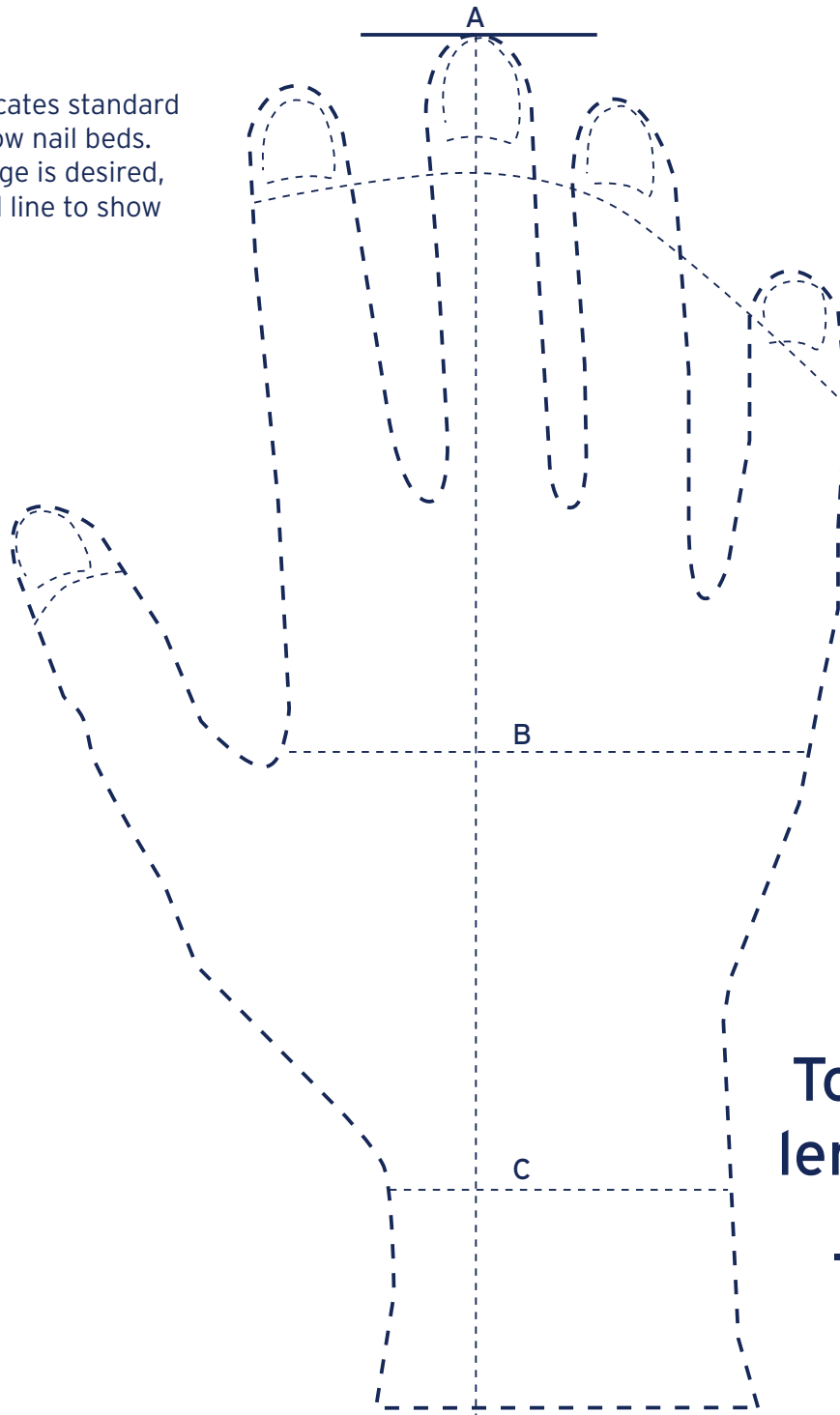
Custom Hand Tracing
Left Hand

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.

A

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.

B

Total hand length (AC) ____cm

C

Patient Name or Reference # _____