



JoViPak

Legs Custom



Your Compression Solution

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 Name: _____

PAYMENT INFORMATION

Account # (Required)	<input type="checkbox"/> Bill to Account	Date
<input type="checkbox"/> Charge Credit Card	<input type="text"/> <input type="text"/> Card Exp. Date	PO #
Card #	Fax Confirmation #	
Name on Card	Email Confirmation	

BILLING ADDRESS

SHIPPING ADDRESS

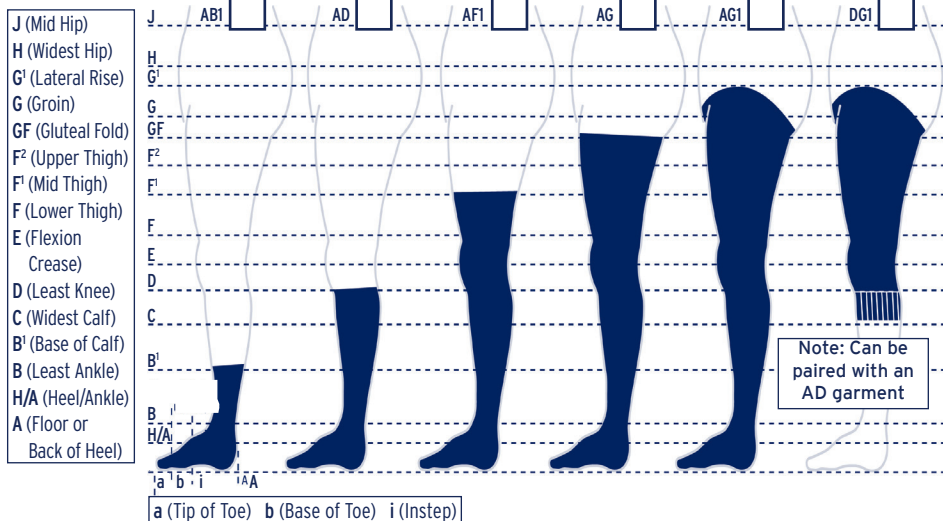
☐ Same as Billing Address

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

ORDER SPECIFICATIONS

☐ Quote ☐ Order

FREE STANDARD SHIPPING



Polartec® Power Dry® Colors

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Buff	
<input type="checkbox"/> Pink		<input type="checkbox"/> Plum	
<input type="checkbox"/> Royal Blue			

Organic Cotton Colors

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Ivory	

SUPER Powernet Colors (InnaBoot only)

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> Buff	

JoViJacket

	QTY		QTY
<input type="checkbox"/> Black		<input type="checkbox"/> White	

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

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



JOBST®,
an Essity brand



/JOBSTUSA



@JOBST_USA



@JOBSTforUSA



jobst-usa.com

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JoViPak

Legs Custom

Patient Name: _____

Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Please record all measurements in centimeters
All measurements are required.

Circumference

Left	Right	
		G (Groin)
		F ² (Upper Thigh)
		F ¹ (Mid Thigh)
		F (Lower Thigh)
		E (Patella)
		D (Below Knee)
		C (Widest Calf)
		B ¹ (Base of Calf)
		B (Smallest Ankle)
		Y* (Heel / Ankle)
		a (Tip of Toe)
		i (Instep)
		b (Base of Little Toe)

Leg Lengths
Measure lengths medially, straight, not contoured

Left	Right	
		A to G
		A to F ²
		A to F ¹
		A to F
		A to E
		A to D
		A to C
		A to B ¹
		A to B

G1 Lateral Rise Options:
☐ 7.6 cm ☐ 12.7 cm (default)

Foot Measurements:
A-i (Heel to Instep)
A-b (Heel to Base of Toe)
A-a (Total Foot Length)

*If Y is 10 cm more than B, zipper is required.

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.

Styles

☐ Standard Leg Garment (AD to AG1)

☐ AD - Quilted with zipper

☐ InnaBoot ☐ AD ☐ AG
(Organic Cotton with SUPER Powernet JoViJacket)

Additional Charge Options

☐ Dorsum Pad (sewn in)

Malleolus Pad (sewn in) ☐ Medial ☐ Lateral

☐ Zipper - ankle to knee

☐ Zipper - knee to groin

☐ Donning Loops

☐ Pull Tabs (InnaBoots only)

☐ Dycem® - donning aid

☐ Arion Easy-Slide - donning aid

☐ Prepaid Reduction

No Charge Options

☐ Standard: end with top of toes uncovered, cover bottom of toe

☐ Cover to tips of toes, top and bottom

☐ End garment at base of toes, top and bottom

☐ 2 Blend Foam (Low ILD)

Channeling:

☐ towards inguinal region

☐ circumventing inguinal region (default)

Dycem® is a registered trademark of Dycem Ltd.



Arion Easy-Slide

- The user-friendly donning aid for open toe compression stockings and tights
- The lightweight, smooth material provides ease of donning/application



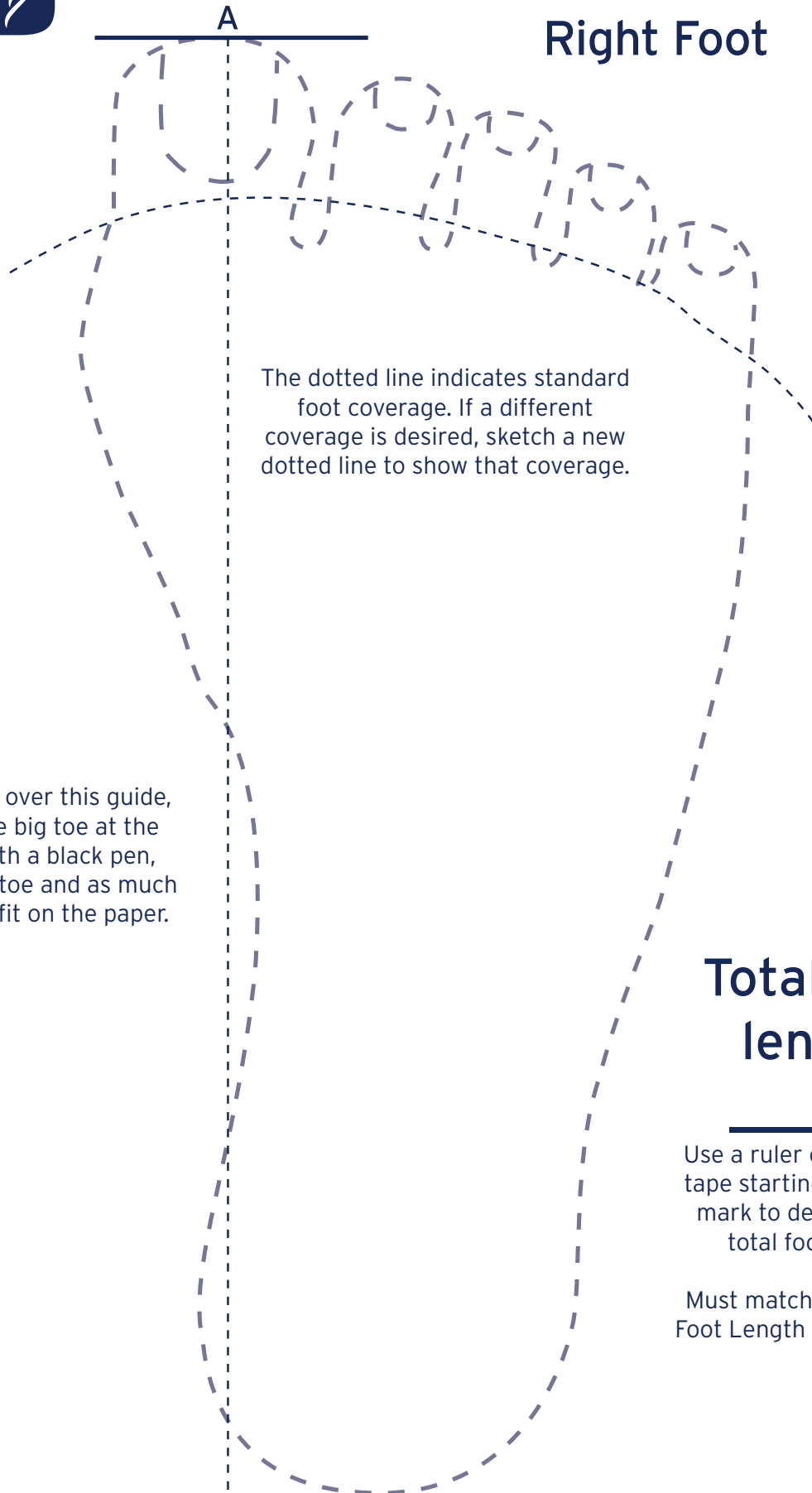
Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5-5.5	7965804	1	
Medium	6-8	7965802	1	
Large	8.5-11	7965902	1	
X-Large	≥ 11.5	7966001	1	

Comments:

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

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

Custom Foot Tracing Right Foot



Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

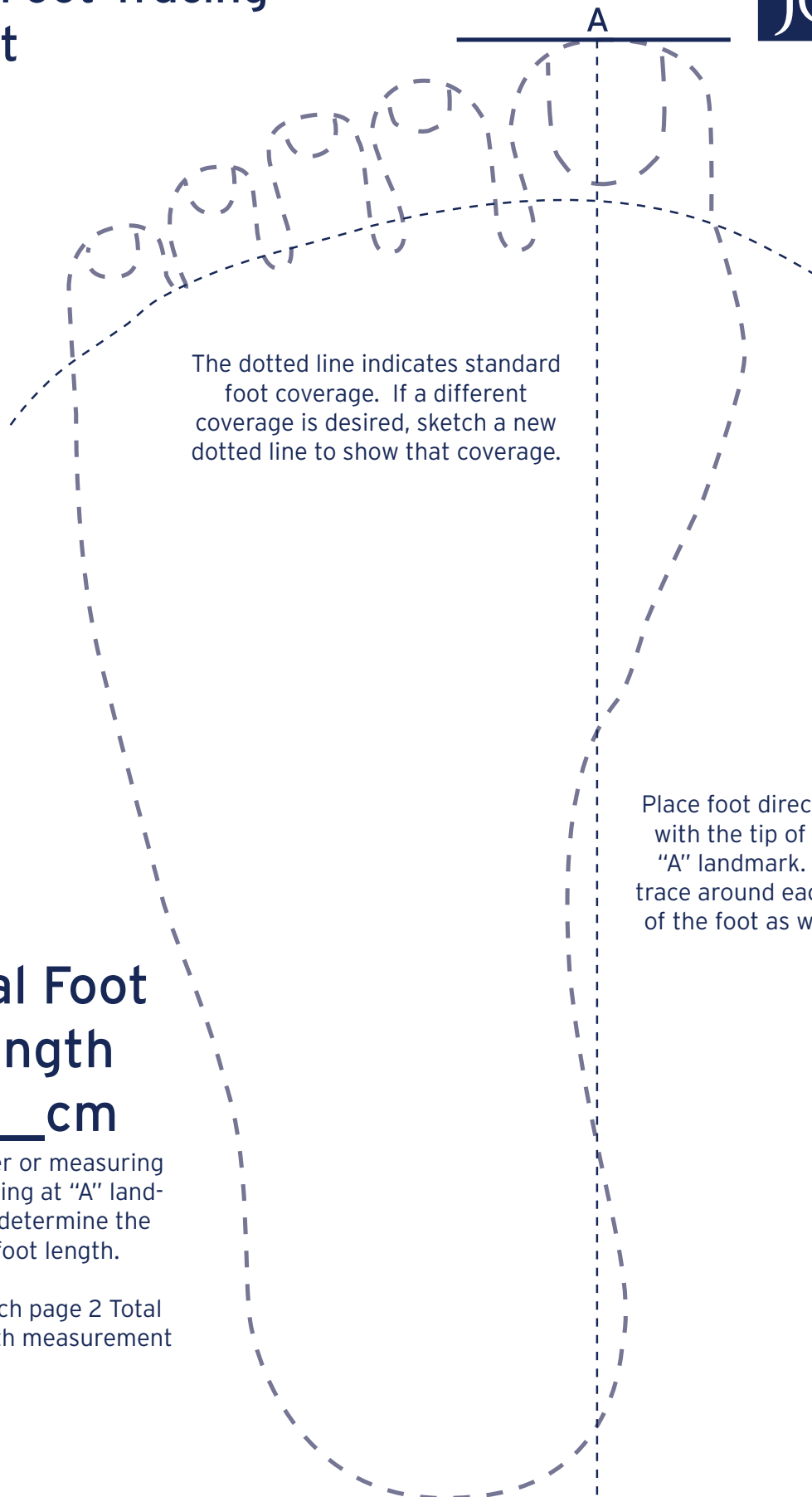
**Total foot
length**
_____cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

Custom Foot Tracing

Left Foot



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total Foot Length
_____cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Must match page 2 Total Foot Length measurement

Patient Name or Reference # _____