Custom Arm Sleeve
JoViPak Order Form

Call: (571) 232-3179
Fax: (703) 852-4371
Email: nancy@bodyworks-compression.com

INCLUDE HAND TRACING WITH ORDER

PAYMENT INFORMATION:		
JoViPak Account #	☐ Bill to Account	
☐ Visa	☐ Mastercard	☐ American Express
Exp. Date	____ / ____	
Card #		

Date	
PO #	
Patient Name	
Fax Confirmation #	
Email Confirmation	

BILLING ADDRESS:			
Business Name			
Attention			
Address			
City		State	
Phone		Zip	

SHIPPING ADDRESS: ☐ Same as Billing Address			
Business Name			
Attention			
Address			
City		State	
Phone		Zip	

ORDER SPECIFICATIONS:

☐ Quote Only ☐ Quote & Proceed ☐ Reseller Pricing ☐ Retail Pricing

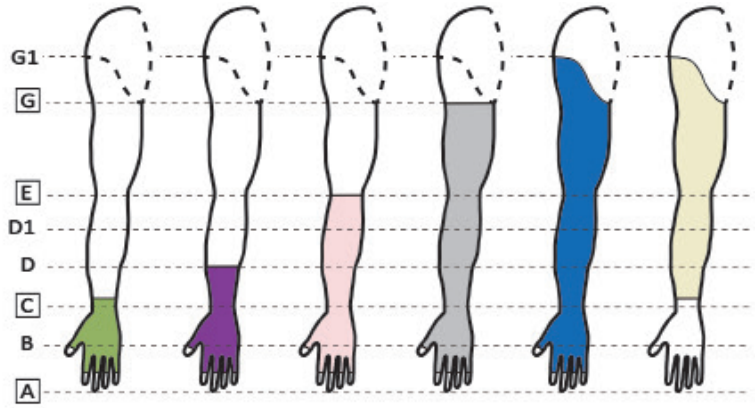
Rush Order Options:

☐ 5 Day Rush - 15% Up-Charge ☐ 48 Hour Rush - 25% Up-Charge

PREFERRED SHIPPING METHOD: ☐ UPS 3rd Party Billing (3rd Party Billing will have a $5 handling fee)

☐ Most Cost Effective	☐ USPS Priority Mail® Small ($6) or Medium ($12) Flat Rate boxes	☐ UPS® Ground ($13*)	☐ UPS 3 Day Select® ($26*) *Not available for AK or HI*	☐ UPS 2nd Day Air® ($30*)	☐ 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.



☐ AC1 ☐ AD ☐ AE ☐ AG ☐ AG1* ☐ CG1

**May be ordered as at two piece garment (separate hand)*

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)		
Polartec® Silkweight Color Options					
☐	Black	☐	Blue Ridge	☐	
Organic Cotton/Lycra® Color Options *(InnaSleeve only)*					
☐	Black	☐	Ivory	☐	Royal Blue
Techsheen Color Options *(Combi only)*					
☐	Black	☐	Ivory	☐	

Questions? Call 1-866-888-5684 or Email: info@jovipak.com

All sales are subject to JoViPak's Return, Guarantee and Warranty policies outlined at www.jovipak.com

Revised 06/2015

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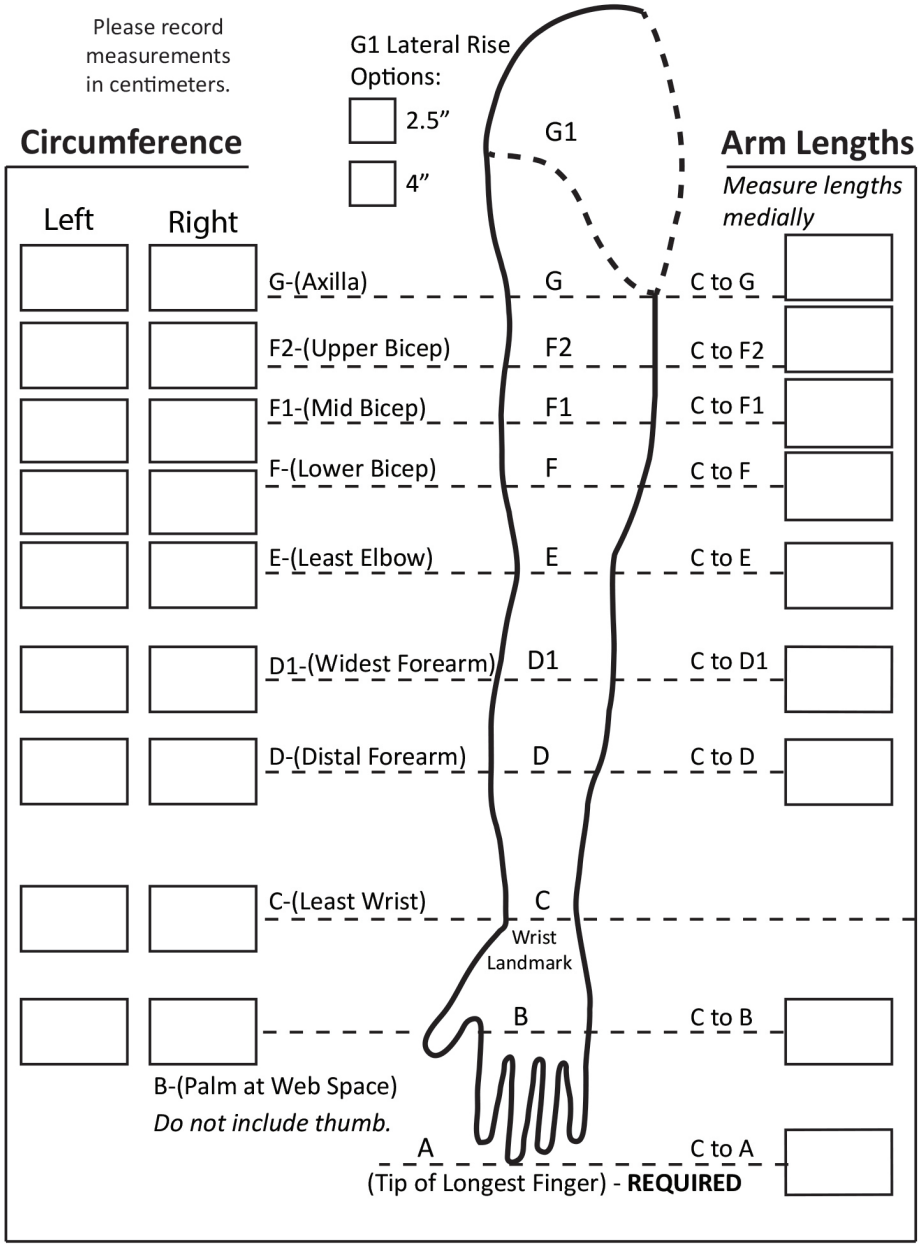
FAX THIS FORM TOLL FREE TO: 1-877-760-4943 (INCLUDE HAND TRACING)

Patient Name:_____ Previous Patient? ☐ Yes ☐ No

Height: _____ Weight: _____ Birthdate: _____ ☐ Primary or ☐ Secondary Lymphedema

Measure extended arm in relaxed position, palm up.

Please record measurements in centimeters.



Styles	
☐	**Standard Arm Sleeve** *(AC1 to AG1)*
☐	**Combi** *(AG1)*
☐	**InnaSleeve** *(AG)* *(Cotton/Lycra® only)*

No Charge Options	
☐	**Slimline** *(more channels and less foam)*
☐	**Snug Fit** *(0.3cm smaller at wrist to 1.2cm at axilla)*
☐	**Cover to base of fingers**
☐	**Cover fingers completely**
☐	**Two Blend Foam** *(Low ILD)*
☐	**Combi Style Thumb** *(no thumb coverage)*

Additional Charge Options	
☐	**JoViJacket** ☐ Black ☐ White
☐	**Stitched Finger Glove**
☐	**Two Piece Arm Sleeve** *(separate hand)*
☐	**Two Piece JoViJacket**
☐	**Zipper - elbow to axilla**
☐	**Zipper - back of hand to mid-forearm** *(when hand is considerably larger than wrist)*
☐	**Dorsum Pad** *(sewn in)* *(Additional pressure on dorsum)*
☐	**Palm Pad** *(Sewn in)* *(equalizes pressure on back of hand)*
☐	**Dycem®** - donning aid
☐	**Easy-Slide** - donning aid for garments without Stitched Finger Glove
☐	**Prepaid Reduction Option**

Additional charges will be added for darts or oversized garments, and will be determined by the pattern maker. You will be notified via quote if this occurs. If the patient has arm lobules, please send photos.

Comments:

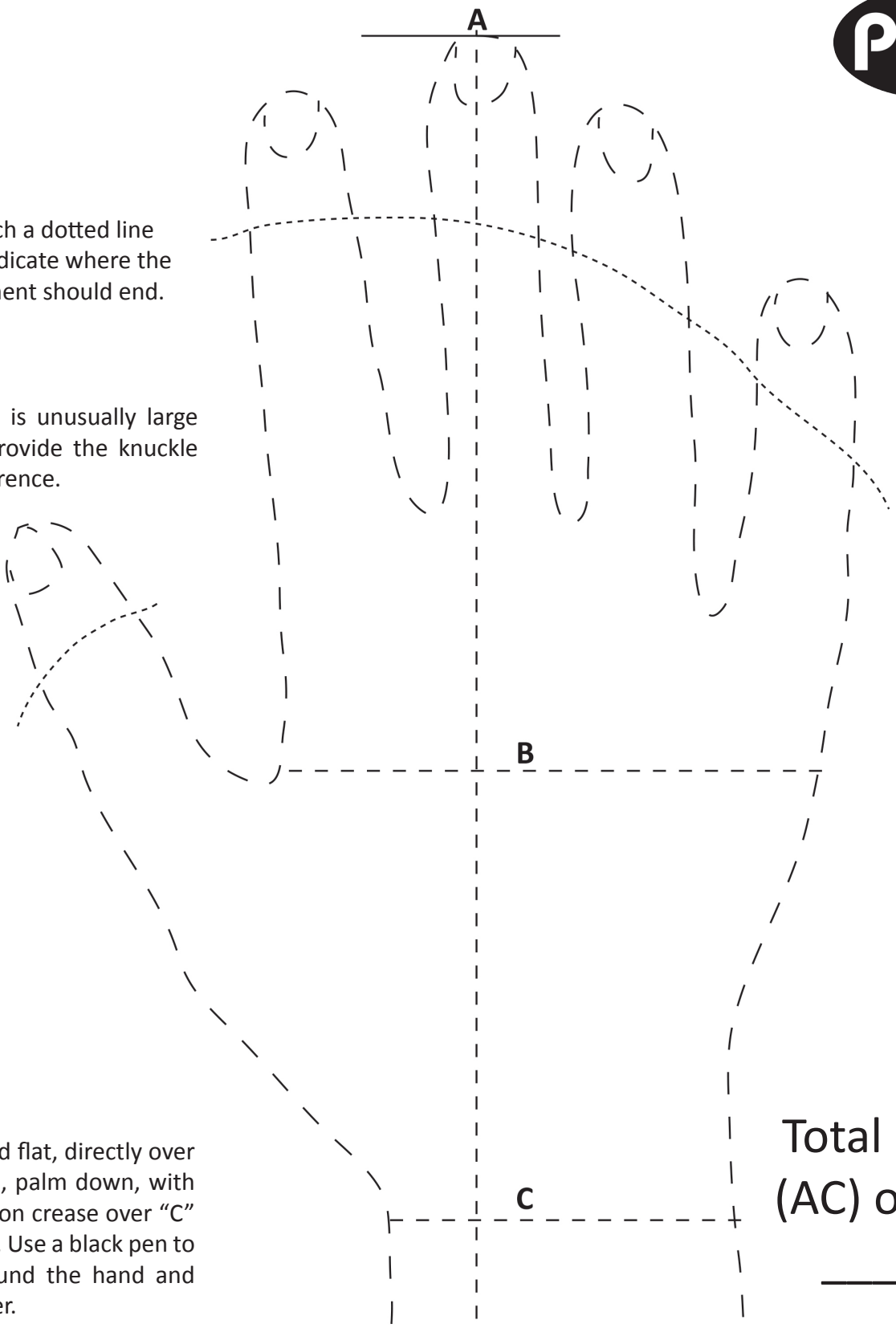
Fitter/Therapist Name: _____ Phone: _____

Revised 06/2015

Custom Hand Tracing
Right Hand

Sketch a dotted line to indicate where the garment should end.

If thumb is unusually large please provide the knuckle circumference.

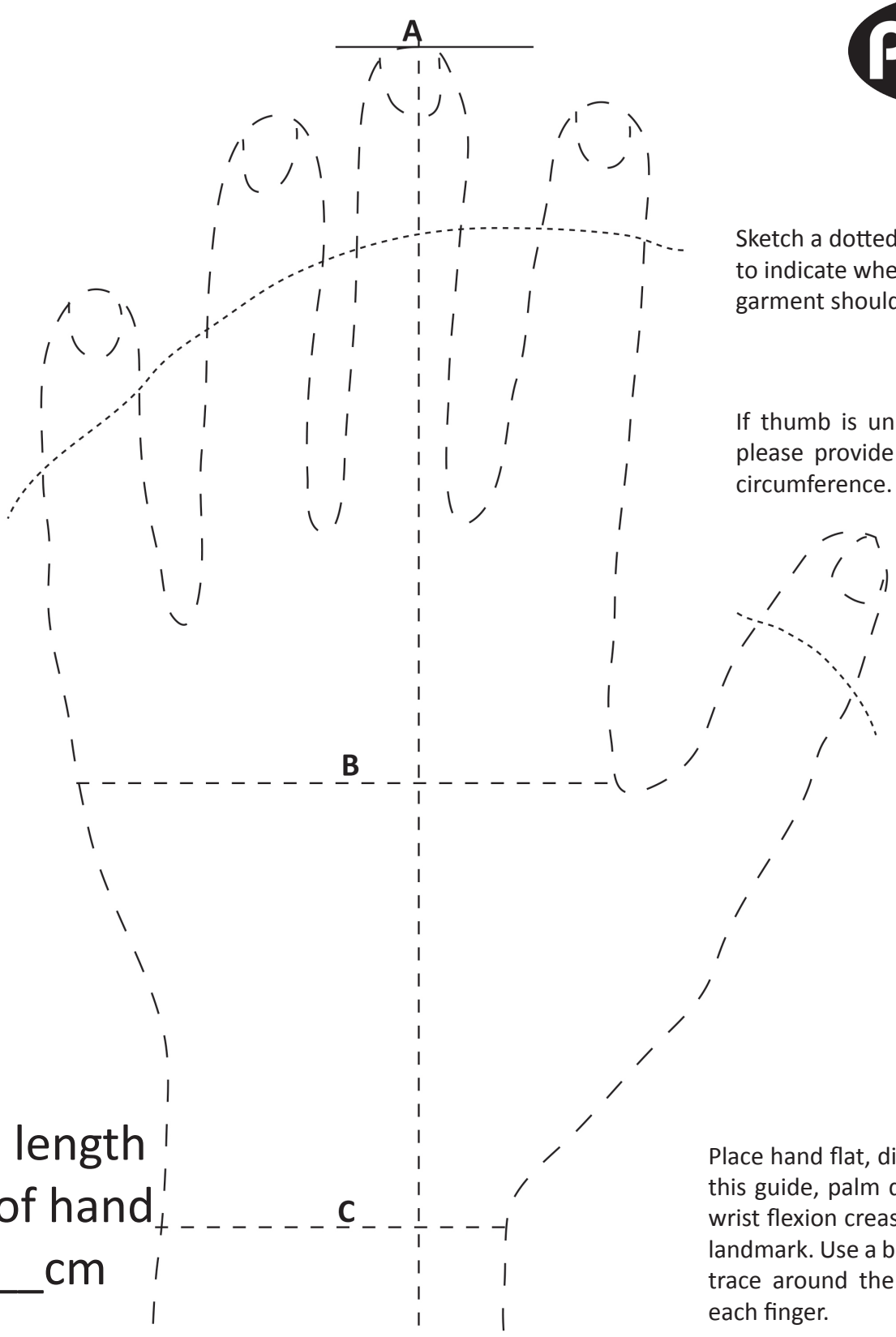


Place hand flat, directly over this guide, palm down, with wrist flexion crease over "C" landmark. Use a black pen to trace around the hand and each finger.

Total length (AC) of hand ____cm

Patient Name or Reference # _____

Custom Hand Tracing
Left Hand



Sketch a dotted line to indicate where the garment should end.

If thumb is unusually large please provide the knuckle circumference.

Total length (AC) of hand ____cm

Place hand flat, directly over this guide, palm down, with wrist flexion crease over “C” landmark. Use a black pen to trace around the hand and each finger.

Patient Name or Reference # _____