Legs
Custom

Fax to 703-852-4371 or email to: nancy@bodyworks-compression.com

PAYMENT INFORMATION				Date	
JoViPak Account #	☐ Bill to Account			PO #	
☐ Charge Credit Card	Card Exp. Date	/		Patient Name	
Card #				Fax Confirmation #	
Name on Card				Email Confirmation	

BILLING ADDRESS				SHIPPING ADDRESS ☐ Same as Billing Address			
Business Name	Body Works Custom CDompression			Business Name			
Address	355 N Cleveland Street #303			Address			
Attention	Nancy			Attention			
City	Oceanside	State	CA	City		State	
Phone	800-331-2710 X 1	Zip	92054	Phone		Zip	

ORDER SPECIFICATIONS

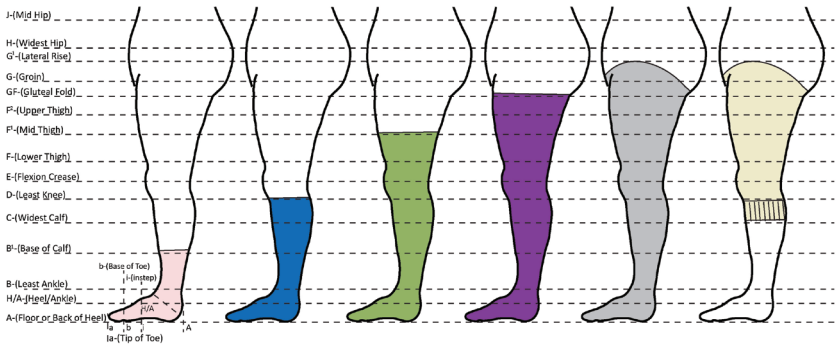
☐ Quote Only ☐ Quote & Proceed ☐ Dealer Pricing ☐ MSRP

RUSH OPTION ☐ *Additional 25% charge for 3 business day production period*

SHIPPING *Shipping rates may vary, depending on services requested and/or rates charged by carrier.*

☐ FedEx® (2 day shipping) ☐ *Check if shipping to a residence*
$10.00 to business addresses; $13.25 to residential addresses
(Additional services may be available; contact JoViPak to discuss.)

☐ USPS Priority Mail Flat Rate® Small or Medium box
For PO Boxes only; billed at current USPS rates. (If order does not fit, JoViPak will choose a different shipping method.)



☐ AB1 ☐ AD ☐ AF1 ☐ AG ☐ AG1 ☐ DG1

Polartec® Power Dry® Colors	
☐ Black	☐ Buff
☐ French Blue	☐ Glacier Blue
☐ Leaf Green *(X-Static®)*	☐ Navy Blue
☐ Pink	☐ Plum
☐ Royal Blue	☐ Stainless Steel
☐ White *(soft pink hue)*	
Organic Cotton & Spandex Colors	
☐ Black	☐ Ivory
☐ Royal Blue	
Techsheen Colors *(ADVI Combi & ComfyBoot only)*	
☐ Black	☐ Buff
SUPER Powernet Colors *(InnaBoot only)*	
☐ Black	☐ Buff

Fitter/Therapist Name: _____ Phone: _____

Questions? Call us at 1-866-888-5684 or email to info@jovipak.com

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

Revised 02/2018

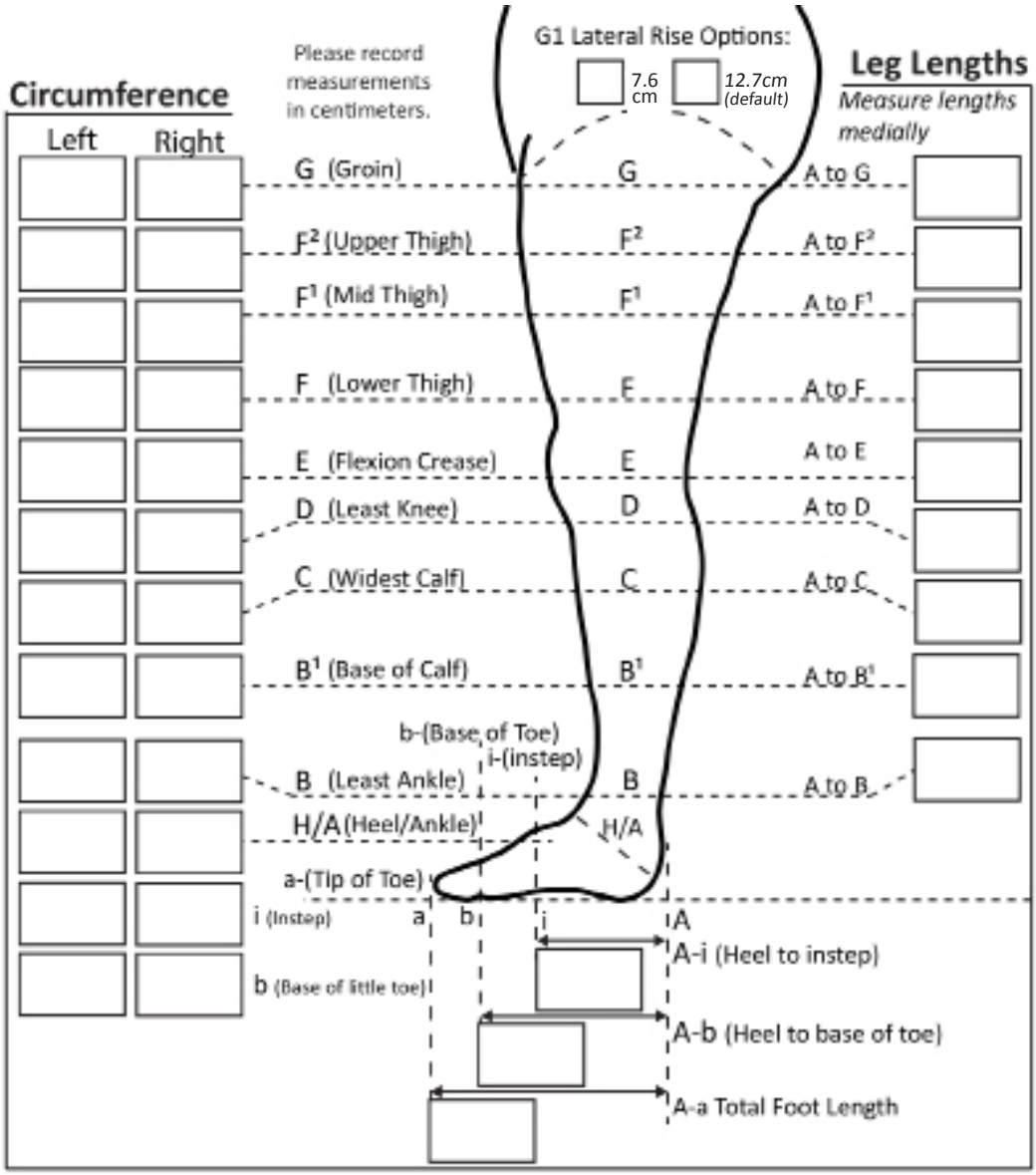
Legs
Custom

Fax to: 703-852-4371 or email to: nnancy@bodyworks-compression.com

Patient Name:_____ Previous Patient? ☐ Yes ☐ No

Height: _____ Weight: _____ Birthdate: _____ ☐ Primary (congenital) or ☐ Secondary Lymphedema

(if no selection is made, JoViPak will default to Secondary Lymphedema)



Styles

- ☐ **Standard Leg Garment** *(AD to AG1)*
- ☐ **ADVI** *(AD)*
- ☐ **ADVI Combi** *(AD) (with nylon & spandex Techsheen outer covering)*
- ☐ **ComfyBoot** *(AD) (with nylon & spandex Techsheen outer covering)*
- ☐ **InnaBoot** ☐ **AD** ☐ **AG** *(Organic Cotton & Spandex with SUPER Powernet JoViJacket)*

No Charge Options

- ☐ **Cover to tips of toes**
- ☐ **Two Blend Foam** *(Low ILD)*

Additional Charge Options

- **JoViJacket** ☐ Black ☐ White *(JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)*
- ☐ **Safety Sok** *(matching fabric; non-slip sole)*
- ☐ **Pad - Dorsum** *(sewn in)*
- **Pad - Malleolus** *(sewn in)* ☐ Medial ☐ Lateral
- ☐ **Zipper** - ankle to knee
- ☐ **Zipper** - knee to groin
- ☐ **ADVI Foot Style**
- ☐ **Donning Loops**
- ☐ **Pull Tabs** *(InnaBoots only)*
- ☐ **Dycem®** - donning aid
- ☐ **Easy-Slide** - donning aid
- ☐ **Prepaid Reduction Option**

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.com.

Comments:

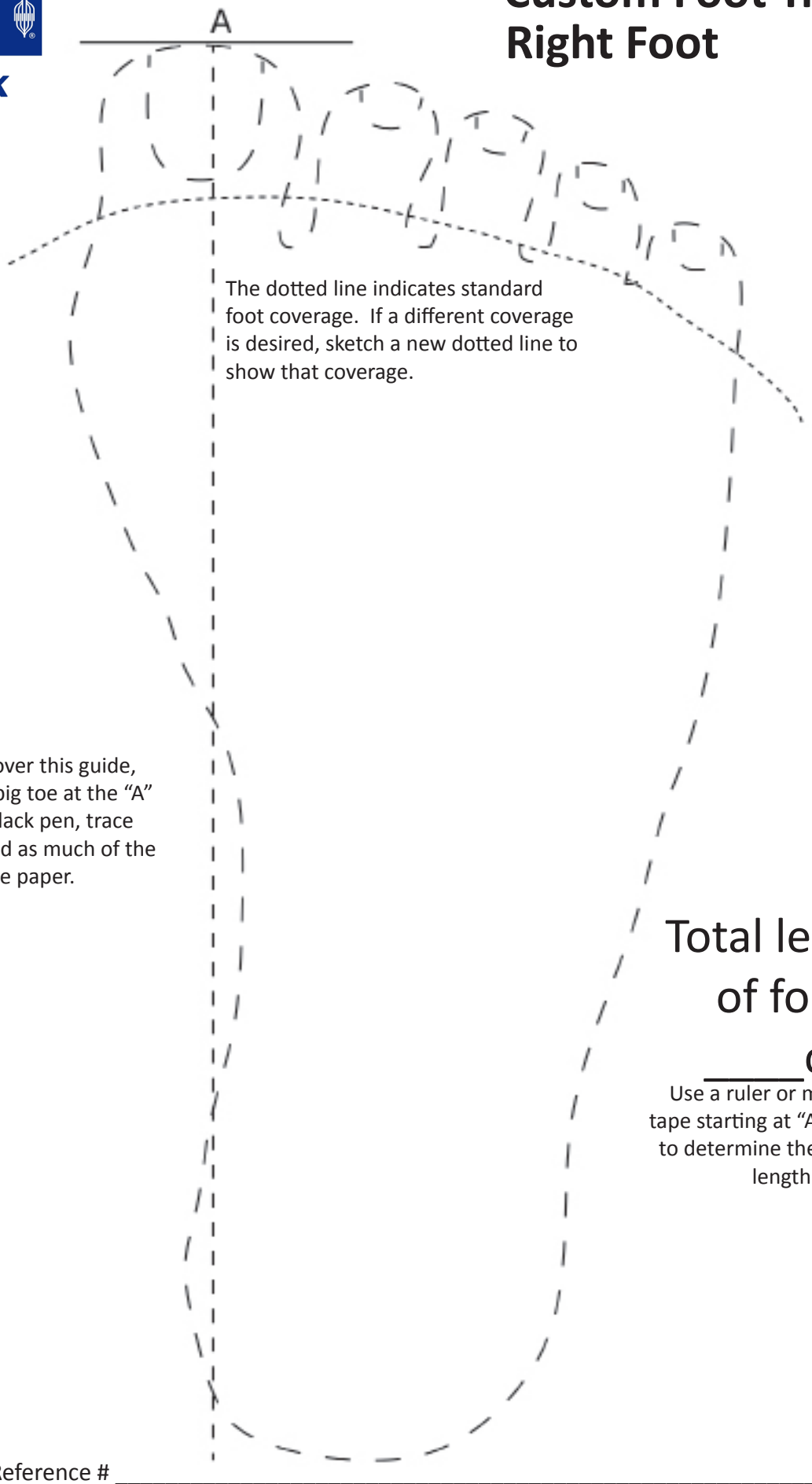
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Revised 02/2018

Custom Foot Tracing
Right 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 length of foot

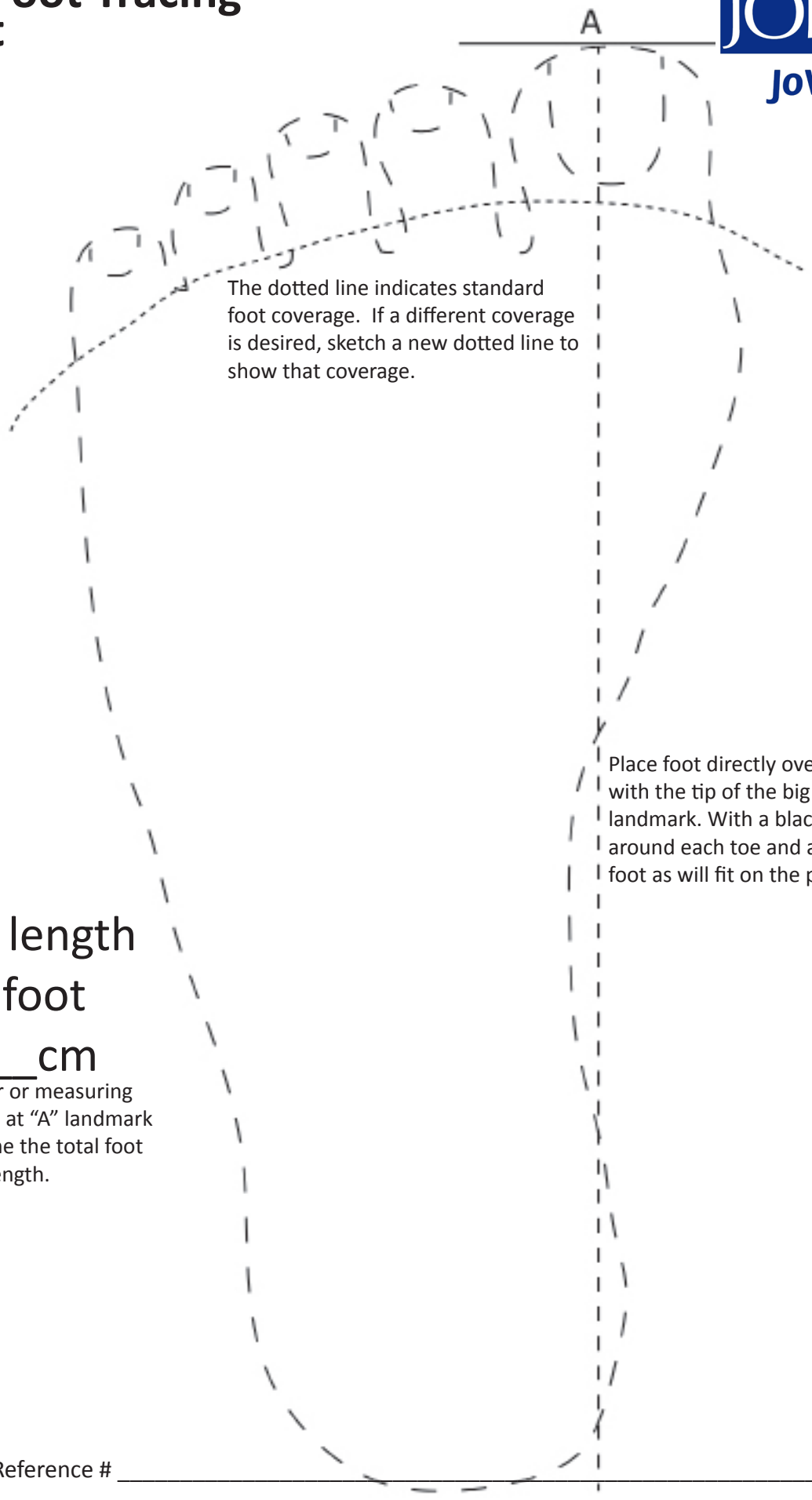
_____cm

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

Patient Name or Reference # _____

Custom Foot Tracing
Left Foot

JOBST®
JoViPak



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 length of foot _____cm

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

Patient Name or Reference # _____