JOBST®
JoViPak

Arm Sleeves Custom

Fax Completed Form to; 703-852-4371
email to : nancy@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)

PAYMENT INFORMATION

Account #	☐ 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	
Business Name	Body Works Custom Compression	Business Name	
Address	355 N Cleveland Street #303	Address	
Attention	Nancy	Attention	
City	Oceanside State CA	City	State
Phone	800-331-2710 X1 Zip 92054	Phone	Zip

ORDER SPECIFICATIONS

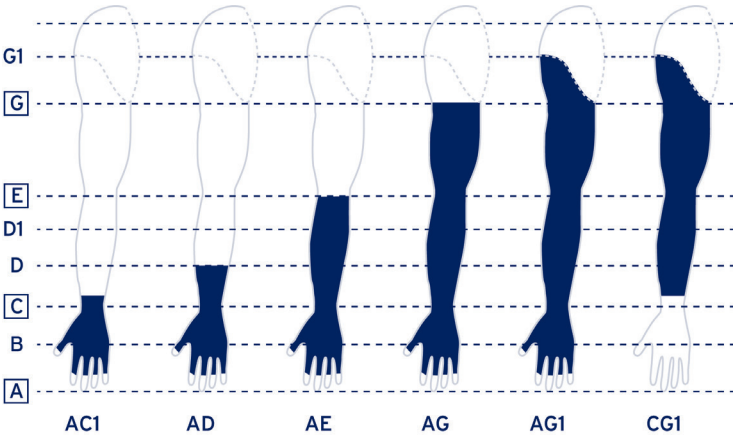
☐ Quote Only ☐ Quote & Proceed

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.)



Polartec® Power Dry® Colors	
☐ Black	☐ Buff
☐ Navy Blue	☐ Pink
☐ Plum	☐ Royal Blue
☐ Stainless Steel	

Organic Cotton	
☐ Black	☐ Ivory
☐ Royal Blue	

SUPER Powernet Colors (InnaSleeve only)	
☐ Black	☐ Buff
☐ White	

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

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

essity

JOBST®, an Essity brand

/JOBSTUSA @JOBST_USA
@JOBSTforUSA jobst-usa.com

BSN Medical Inc., an Essity company
5825 Carnegie Blvd., Charlotte, NC 28209-4633

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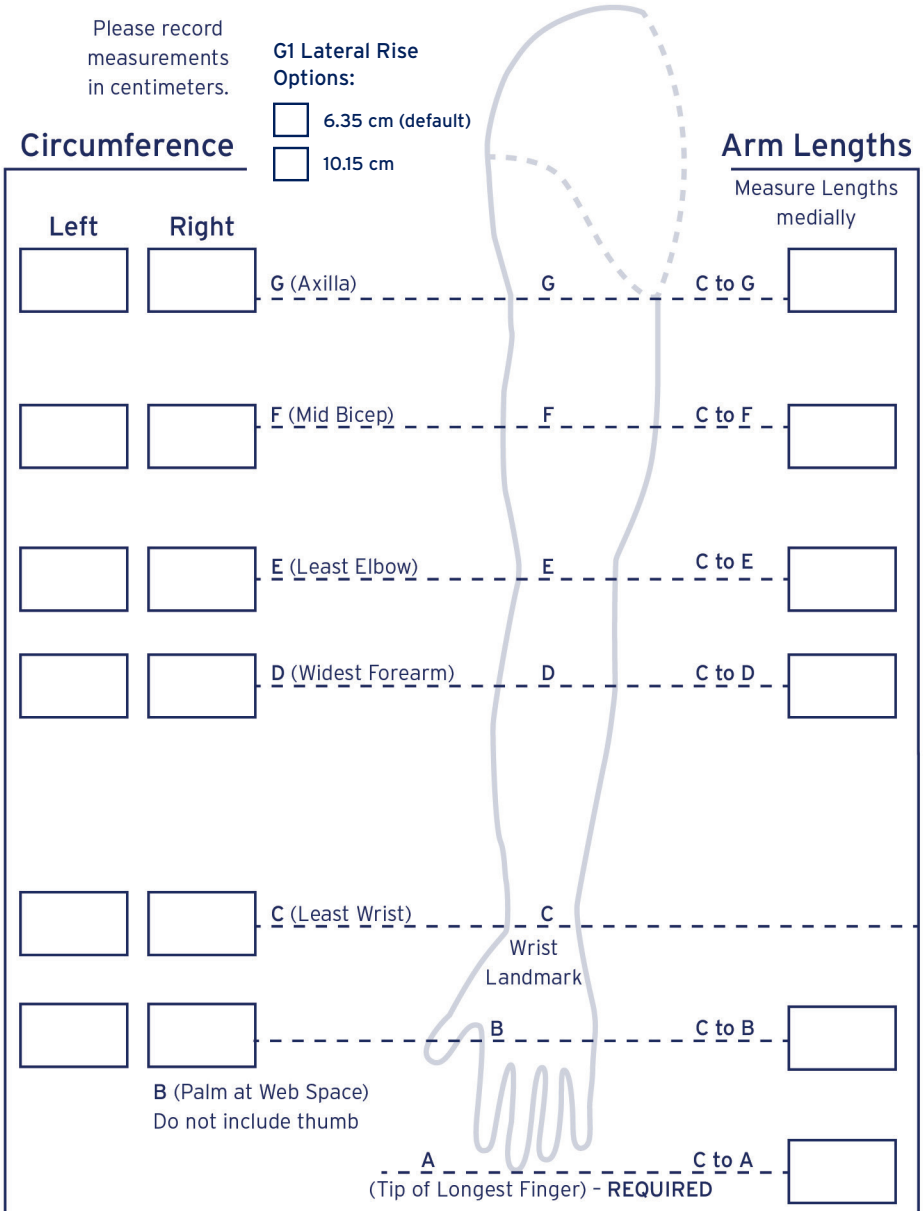
Fax to 703-852-4371

Measure extended arm in relaxed position, palm up

Please record measurements in centimeters.

G1 Lateral Rise Options:

- ☐ 6.35 cm (default)
- ☐ 10.15 cm



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.

Styles

- ☐ **Standard Arm Sleeve** (AC1 to AG1)
- ☐ **InnaSleeve** (AG - Organic Cotton with attached SUPER Powernet JoViJacket)

No Charge Options

- ☐ **Slimline** (more channels and less foam than standard channelling)
- ☐ **Cover to base of fingers**
- ☐ **Cover fingers completely**
- ☐ **2 Blend Foam** (Low ILD)

Additional Charge Options

JoViJacket ☐ Black ☐ White

(JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness)

- ☐ **Stitched Finger Glove**
- ☐ **Pad - Dorsum** (sewn in; provides additional pressure on dorsum)
- ☐ **Palm Pad** (sewn in; equalizes pressure in palm area)
- ☐ **Two Piece Arm Sleeve** (AG1 or AG - separate hand; JoViJacket will match garment)
- ☐ **Zipper** - dorsum to mid-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 Option**

Dycem® is a registered trademark of Dycem Ltd.





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:** _____

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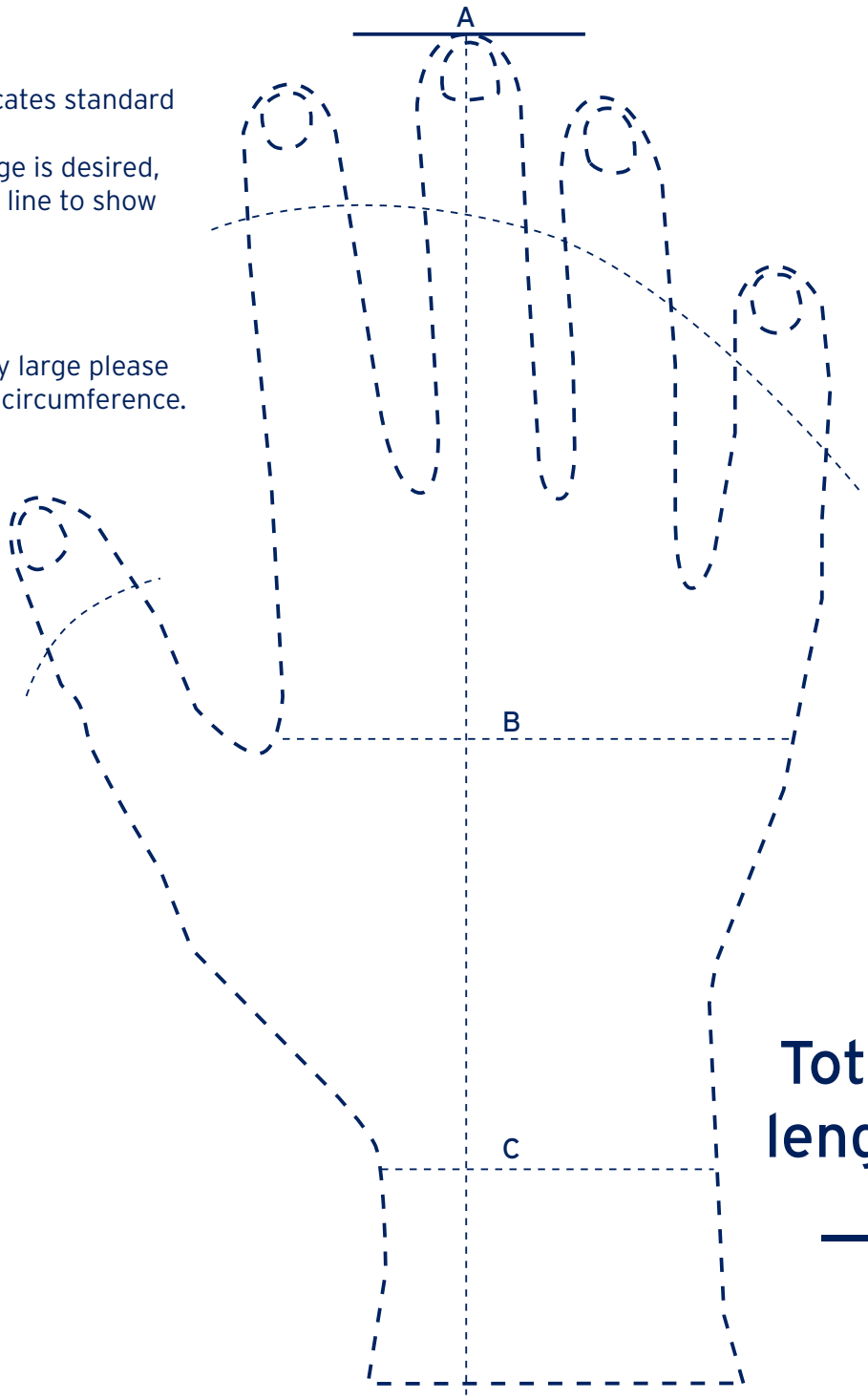
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Custom Hand Tracing
Right Hand

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.

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

If thumb is unusually large please provide the knuckle circumference.



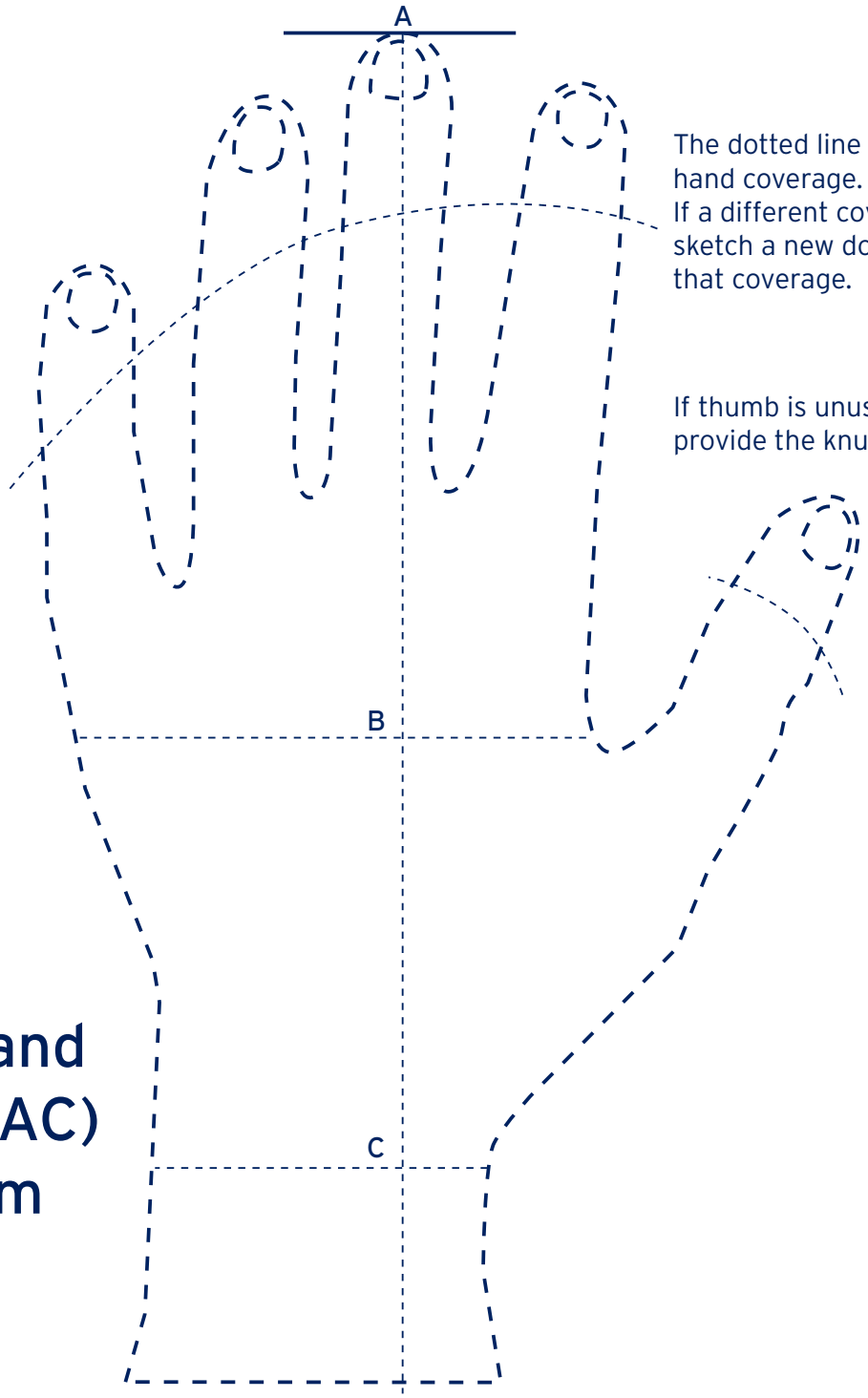
Total hand length (AC)
____cm

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.



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

If thumb is unusually large please provide the knuckle circumference.

Total hand length (AC) ____cm

Patient Name or Reference # _____