

## **Arm Sleeves Custom**

**TO ORDER:** 

Email: info.jovipak@essity.com Tel: 1-866-888-5684

Fax: 1-877-760-4943

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		
Business Name		Name			
Attention		Attention			
Address		Address			
City	State	City State			
Phone	Zip	Phone Zip			
ORDER SPECIFICATIONS					
Quote	Order				
G1		Black Pink Royal Blue  Organi Black  Black  UNI Black  UNI Black  UNI Black  UNI Black  UNI Black	ent to ensure maximum		
Fitter/Therapist Name:	Ph	one: Em	nail:		









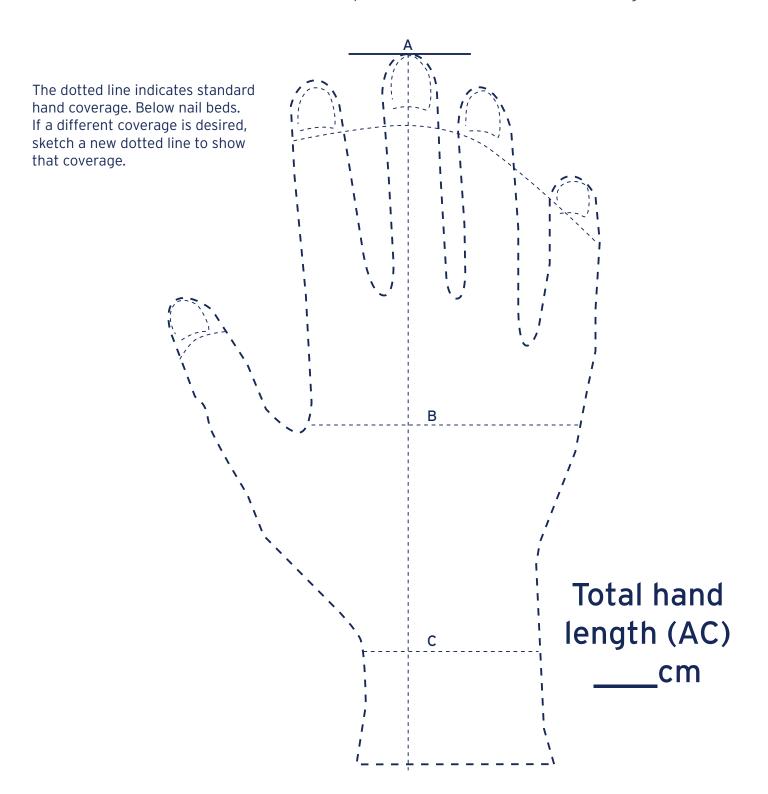
## **Arm Sleeves Custom**

Patient Name:				Previous Patient? 🗌 Yes	Gender: [	□г□м	
Height*: Weig	yht*:	Birthdate:					
				Additional Cha	rao Ontid	ons	
Measure extended arm in relaxed position, palm up Please record all measurements in centimeters All measurements are required.			Additional Charge Options  Donning Loops				
G¹ Lateral Rise			Stitched Finger Glove				
Optio		\ A	Arm Lengths	Dorsum Pad			
Circumference	(default)		Measure Lengths medially	(sewn in; provides addition) Palm Pad			
Left Right	10.15 cm	; [	Left Right	(sewn in; equalizes pressu	ıre in palm ar	-ea)	
, <u>G (Axilla</u>	a)G	C to G		(AG1 or AG - separate han JoViJacket will match ga			
\ <u>F</u> <sup>2</sup> (Upp	er Bicep) F² _	C to F <sup>2</sup> /		Zipper - dorsum to forea			
_ F¹ (Mid I	Bicep) F¹ _	C to F¹		Zipper - elbow to axilla			
`F_(Lowe	er Bicep) F	C to F		Zipper - wrist to elbow			
E (Leas	t <u>Elbow)</u>	<u>C to Ε</u> _ Τ		Dycem® - donning aid			
	/			Arion Easy-Slide - don (for garments without a S		er Glove)	
_ D¹ (Wide	est Forearm)D¹	C_to_D¹		Prepaid Reduction			
		L		No Charge	Options		
\_D_(Dista	al Forearm) L _ D _ L			Slimline (more channels and less foam than standard channelling)			
C (1 000)	t Wrist)C_			Cover to middle of fin	gers		
_ C_(Leas	Wrist			Cover to base of finge	ers		
l ————-	Landmark	C to B		Cover fingers complete	tely		
B (Palm at Web S	pace)	(Wrist to Palm at Web Space)		2 Blend Foam (Low ILD)			
Do not include thumb		C to A		Channeling: towards axilla region			
(Wrist to Tip of Longest Finger) - REQUIRED			bypassing axilla region (default)				
Pictures are needed if the patient has lobules, is ove	r-sized or has some other issue. Please	send pictures (no patient faces)	to info.iovinak@essitv.com.	Dycem® is a registered tradema	ark of Dycem	Ltd.	
		Slide Arm on 📞		Circumference of			
The second	The user-friendly makes putting or	application aid		dest part of the arm	UOM / Box	Order Qty.	
	sleeves quick and	d easy		5"-15.1" (37-38.5cm) 7966102	1		
	combination with	d donning method in the application aid		5.3"-16.1" (39-41cm) 7510001	1		
On On	Comments:						
Fitter/Therapist Name:		Phone	<del>:</del> :	Email:			



## 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.





## 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.

