



JoViPak

# Arm Sleeves Custom

**TO ORDER:**  
Email: [info.jovipak@essity.com](mailto:info.jovipak@essity.com)  
Tel: 1-866-888-5684  
Fax: 1-877-760-4943

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

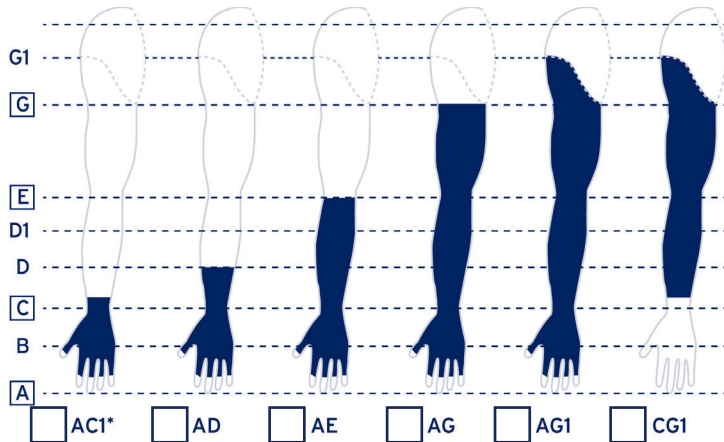
Same as Billing Address

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

## ORDER SPECIFICATIONS

Quote  Order

## FREE STANDARD SHIPPING



\*Can be worn with a CG1

**Comments:**

## 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	

## 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: \_\_\_\_\_



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@JOBSTforUSA



jobst-usa.com

BSN Medical Inc., an Essity company  
5825 Carnegie Blvd., Charlotte, NC 28209-4633  
Tel. (+1) 800 537 1063 Fax (+1) 800 835 4325

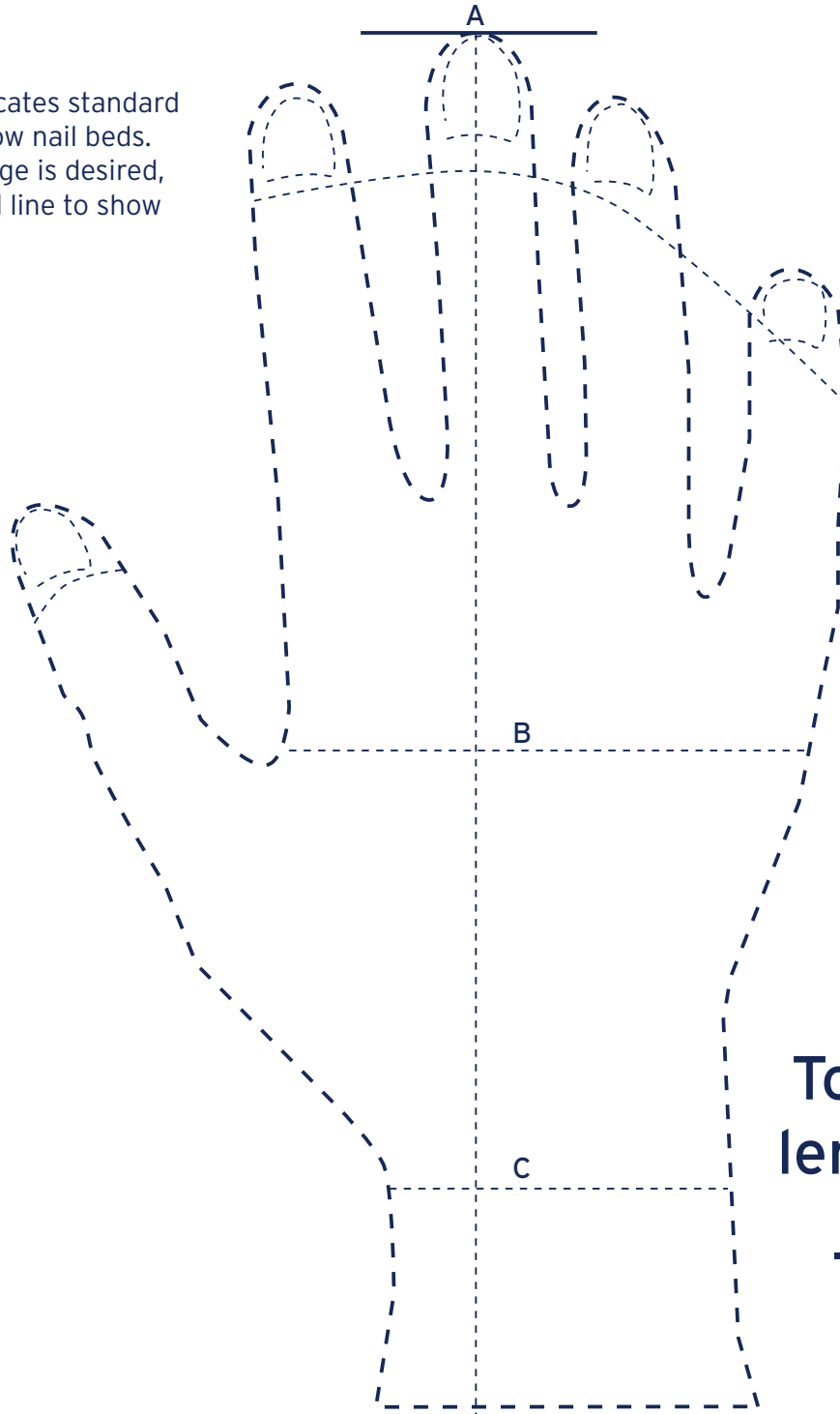
63677 R7 ©2024 BSN Medical Inc. L24



# 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.

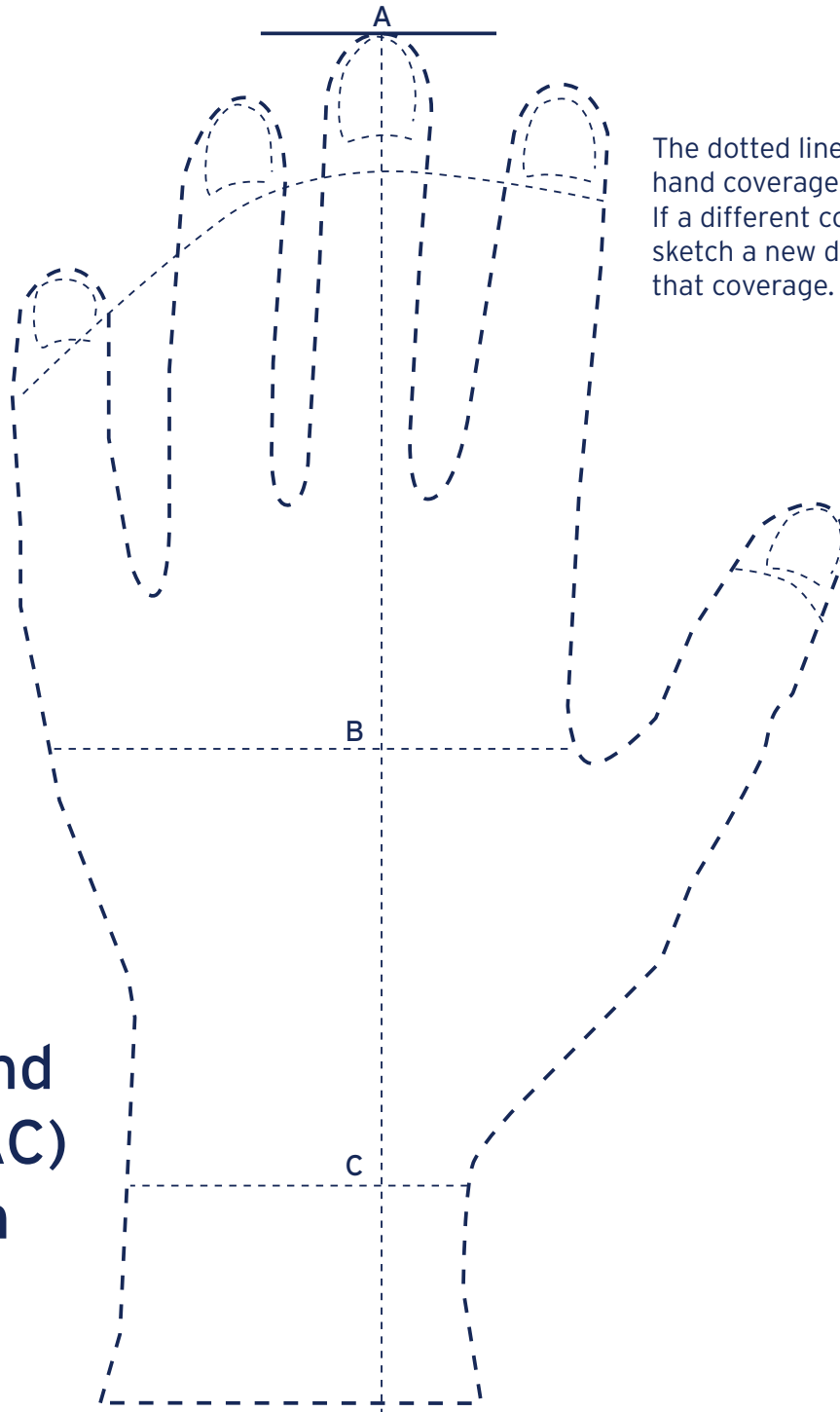
The dotted line indicates standard hand coverage. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.



Total hand  
length (AC)  
\_\_\_\_\_ cm

# 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. Below nail beds. If a different coverage is desired, sketch a new dotted line to show that coverage.

Total hand  
length (AC)  
\_\_\_\_\_ cm