

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



Custom Busti



Custom Busti (posterior)

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			

JoViJacket - Nylon & Spandex Powernet			
	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.)

Comments:

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

All sales are subject to JoViPak's Return, Guarantee and Warranty policies

Patient Name: _____

Previous Patient? Yes No

Height*: _____ Weight*: _____ Birthdate: _____ Cup Size: _____

*Height and weight are required.

Lumpectomy Left Right Reconstruction Left Right

Bustis are produced with Slimline channeling (more channels and less foam than standard channeling).

Please record all measurements in centimeters
All measurements are required.

Circumferences

	R (Torso @ Axilla)		L to R	
	N (Largest Chest)		L to N	
	M (Xyphoid Process)		L to M	
	L (Lowest Rib)			

Lengths

The Busti is most appropriate for lumpectomy patients. Mastectomy patients would be better served with a Custom Vest.

No Charge Options

2 Blend Foam (*Low ILD*)

Additional Charge Options

Prepaid Reduction

Comments:

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