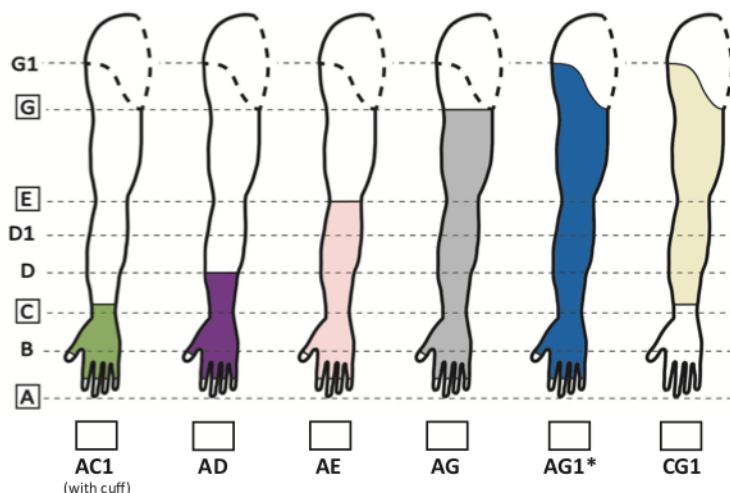


Date: ____/____/____ Patient Name: _____ Therapist Name: _____

Ship to: _____



*May be ordered as at two piece garment (separate hand)

Polartec® Power Dry® Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Buff	<input type="checkbox"/> French Blue
<input type="checkbox"/> Glacier Blue	<input type="checkbox"/> Leaf Green (X-Static®)	<input type="checkbox"/> Navy Blue
<input type="checkbox"/> Pink	<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> White (soft pink hue)	
Polartec® Silkweight Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue Ridge	
Organic Cotton & Spandex Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory	<input type="checkbox"/> Royal Blue
Techsheen Colors (for the Combi Arm Sleeve only)		
<input type="checkbox"/> Black	<input type="checkbox"/> Buff	
SUPER Powernet Colors (for the InnaSleeve only)		
<input type="checkbox"/> Black	<input type="checkbox"/> Buff	

Measure extended arm in relaxed position, palm up.

Please record measurements in centimeters.

G1 Lateral Rise Options:
☐ 6.35 (default)
☐ 10.15

Circumference		Arm Lengths	
Left	Right		Measure lengths medially
		G-(Axilla)	G C to G
		F2-(Upper Bicep)	C to F2
		F1-(Mid Bicep)	C to F1
		F-(Lower Bicep)	C to F
		E-(Least Elbow)	C to E
		D1-(Widest Forearm)	C to D1
		D-(Distal Forearm)	C to D
		C-(Least Wrist)	C to C
		B-(Palm at Web Space) Do not include thumb.	C to B
		A-(Tip of Longest Finger) - REQUIRED	C to A

Styles
<input type="checkbox"/> Standard Arm Sleeve (AC1 to AG1)
<input type="checkbox"/> Combi Arm Sleeve (AG1 - for daytime use only; can pair with JOBST Box Finger Glove for additional compression) (has nylon & spandex Techsheen outer covering)
<input type="checkbox"/> InnaSleeve (AG - Organic Cotton & Spandex with attached SUPER Powernet JoViJacket)

No Charge Options
<input type="checkbox"/> Slimline (more channels and less foam than standard channeling)
<input type="checkbox"/> Snug Fit (0.3cm smaller at wrist & 1.2cm smaller at axilla)
<input type="checkbox"/> Cover to base of fingers
<input type="checkbox"/> Cover fingers completely
<input type="checkbox"/> Two Blend Foam (Low ILD)
<input type="checkbox"/> Combi Style Thumb (no thumb coverage)

Additional Charge Options
JoViJacket <input type="checkbox"/> Black <input type="checkbox"/> White (JoViJackets are recommended as they provide the additional compression needed for maximum fit and effectiveness.)
<input type="checkbox"/> Stitched Finger Glove
<input type="checkbox"/> Pad - Dorsum (sewn in; provides additional pressure on dorsum)
<input type="checkbox"/> Palm Pad (sewn in; equalizes pressure in palm area)
<input type="checkbox"/> Two Piece Arm Sleeve (AG1 - separate hand; JoViJacket will match garment)
<input type="checkbox"/> Zipper - dorsum to mid-forearm
<input type="checkbox"/> Zipper - elbow to axilla
<input type="checkbox"/> Zipper - wrist to elbow
<input type="checkbox"/> Dycem® - donning aid
<input type="checkbox"/> Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
<input type="checkbox"/> Prepaid Reduction Option

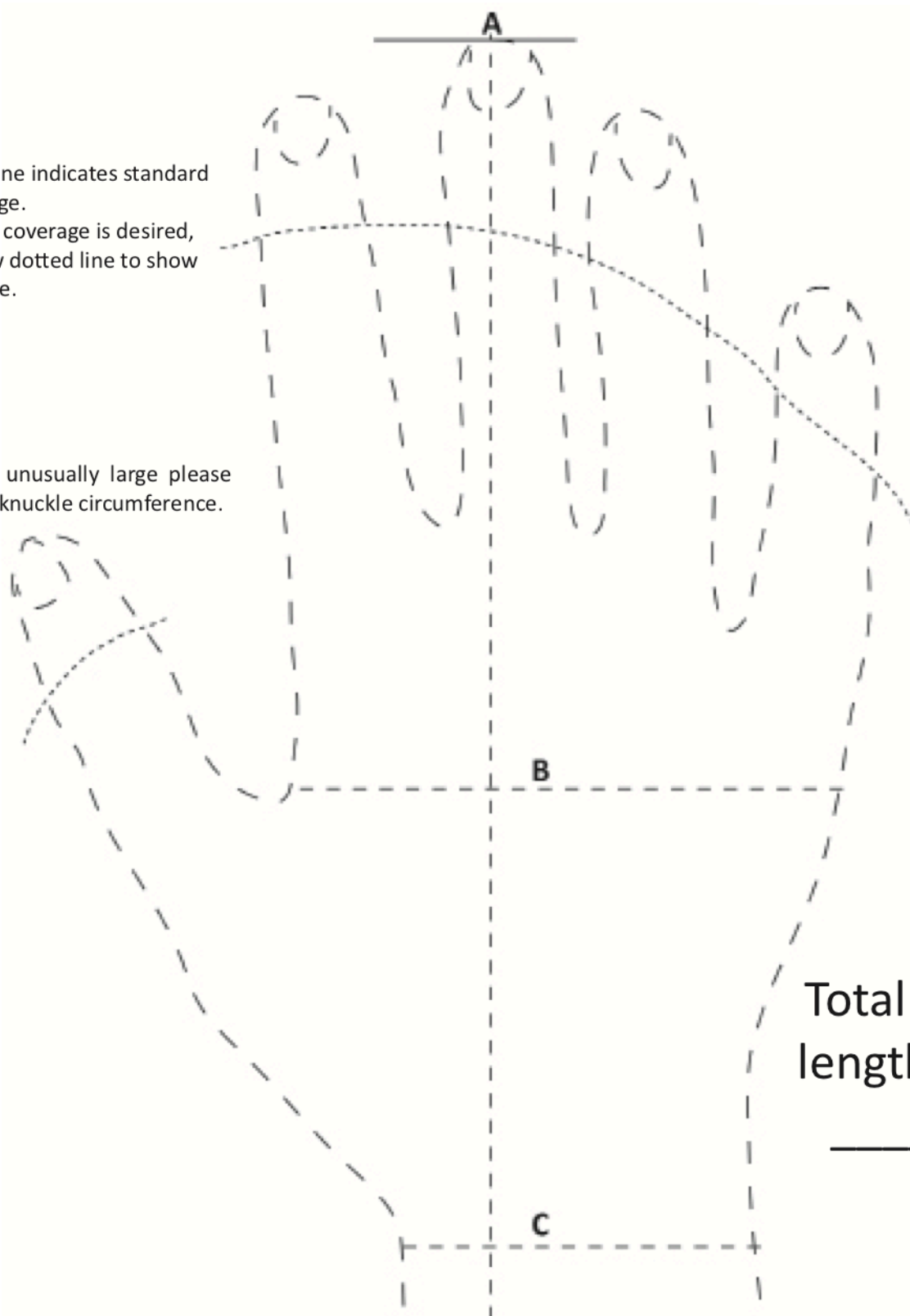
Pictures are needed if the patient has lobules, is over-sized or has some other issue. Please send pictures (no patient faces) to info@jovipak.com.

Comments:

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.



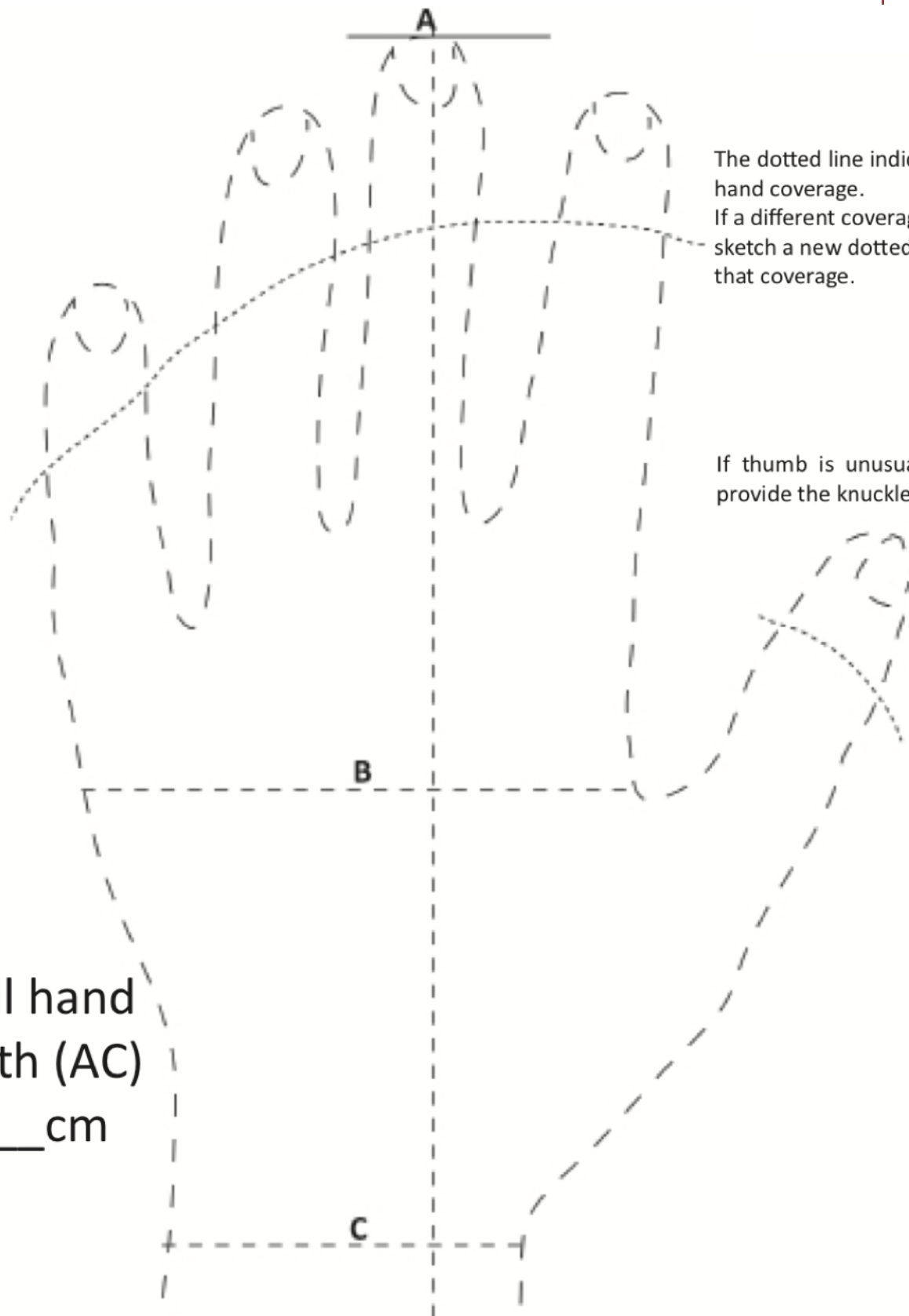
Total hand
length (AC)

_____cm

Custom Hand Tracing Left Hand



Adaptive Direct



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