

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

FREE STANDARD SHIPPING



Vest with optional Full Padding
(shown with vertical & horizontal
padding options for illustration)



Vest with JoViJacket

Organic Cotton & Spandex Colors

	QTY		QTY
☐ Black		☐ Ivory	

JoViJacket - Nylon & Spandex Powernet

	QTY		QTY
☐ Black		☐ 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

Vests Custom

Patient Name: _____

Previous Patient? ☐ Yes Gender: ☐ F ☐ M

Height*: _____ Weight*: _____ Birthdate: _____

*Height and weight are required.

Must select one: **Mastectomy** ☐ Left ☐ Right

Reconstruction ☐ Left ☐ Right

Lumpectomy ☐ Left ☐ Right

Circumference

Please record all measurements in centimeters
All measurements are required.

Lengths

Lengths should be taken along the side of the torso, starting at the waist (with a beginning number of O), measuring up to the axilla (R).

The lower section beginning at K (Natural Waist), is a 20cm long unpadded/unchanneled peplum.

K (front) through the Groin and to K (back)
(for Crotch Straps only - measure from center front waist, through the crotch, and up to the center back waist)

Additional Charge Options

Padded Insert
(equalizes pressure over mastectomy site)

Color: ☐ Black ☐ Buff

Size: ☐ Small (A/B)

☐ Medium (C)

☐ Large (D)

☐ XLarge (DD/E)

☐ Crotch Strap

(helps to keep garment in place for patients with larger abdomens (additional measurements required))

☐ Prepaid Reduction

☐ Full Vertical Padding to natural waist - peplum included

No Charge Options

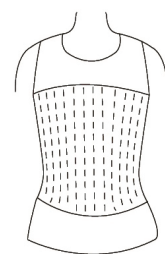
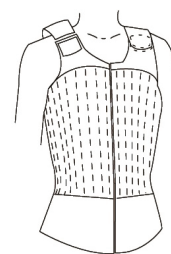
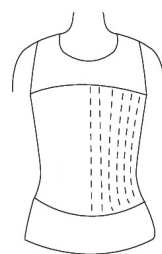
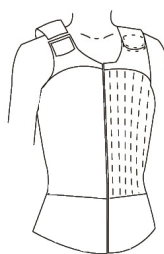
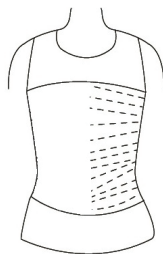
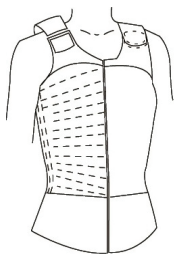
☐ Slimline (more channels and less foam)

☐ Two Blend Foam (Low ILD)

☐ End garment at waist (no peplum)

• 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@essity.com.

Channeling Options



☐ Half Padding Horizontal

☐ Left ☐ Right

☐ Half Padding Vertical

☐ Left ☐ Right

☐ Bilateral Vertical

(additional charge)

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

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