

# Elvarex® Soft Order Form

## Lower Extremity

Patient Name / Essity File # \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

**TO ORDER:**  
**Tel: (+1) 800-863-5935**  
**Fax: (+1) 772-589-0306**  
**Email: Sales@acols.com**

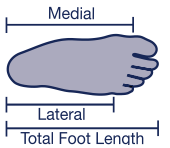
Date \_\_\_\_\_

Color	Quantity/Class	CCL1 18-21 mmHg*	CCL2 23-32 mmHg*	CCL3 34-46 mmHg*
<input type="checkbox"/> Beige <input type="checkbox"/> Gray	Left			
<input type="checkbox"/> Black <input type="checkbox"/> Cocoa	Right			
<input type="checkbox"/> Cranberry <input type="checkbox"/> Cherry	Body Bandage <small>CCL must be same as legs</small>			
<input type="checkbox"/> Navy				

**Styles**

AD Knee     AG-T Chap:     pc.     pr.  
 AG Thigh     AT Pantyhose

AT Pantyhose must be all one compression class. All leg lengths must be equal.



**Straight Open Toe Length**     **Slant Open Toe Length**     **Slant Closed Toe Length**

Lateral \_\_\_\_\_ cm    Medial \_\_\_\_\_ cm    Medial \_\_\_\_\_ cm

**Straight Closed Toe Length**    Lateral \_\_\_\_\_ cm    Lateral \_\_\_\_\_ cm

Total Foot /Z \_\_\_\_\_ cm    Total Foot /Z \_\_\_\_\_ cm

Circum. (c)	Length (l)	Length (l)	
cT <sup>0</sup>	/GT	/T	
cH <sup>++</sup>	/KT	/H	
Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right
		/K	
cG <sup>++</sup>		/G	
cF <sup>++</sup>		/F	
cE <sup>+</sup>		/E	
cD <sup>+++</sup>		/D	
cC <sup>++</sup>		/C	
cB1 <sup>++</sup>		/B1	
cB <sup>+</sup>		/B	
cY <sup>0</sup>		/A (medial)	
cA <sup>+</sup>		/A (lateral)	

**Variations**

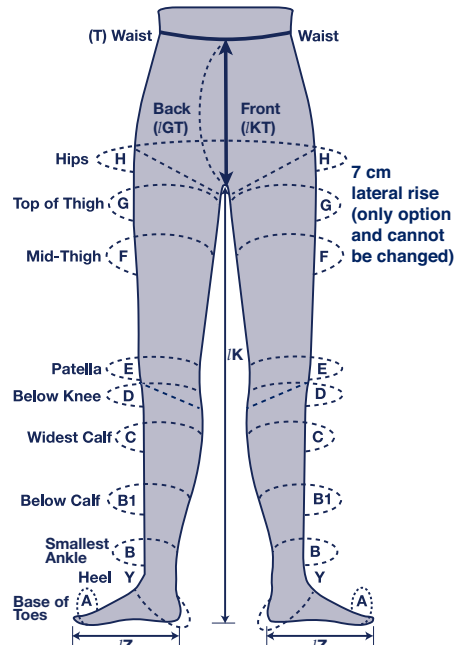
B1G-T  
 BG-T  
 FT Biker Short

**Tensions**

0 no tension  
+ light tension  
++ heavy tension

**Special Options**

Oblique: AD standard 4cm     Adj. waistband (AT panty only)  
 Other: \_\_\_\_cm (2cm-6cm)     Open pubis (AT panty only)  
(AG fixed 7cm, no modifications)     T-Heel



Silicone Band	On Top
2.5cm (A-D Only)	
5cm	
AG-T Not available with Silicone band.	
AT Pantyhose must be all one compression class. All leg lengths must be equal.	
<input type="checkbox"/> <b>SoftFit band</b> (A-D Only)	
<b>Pocket</b>	<b>Lining (Pocket all sides closed)</b>
<input type="checkbox"/> In-step	<input type="checkbox"/> In-step
<input type="checkbox"/> Back of knee	<input type="checkbox"/> Back of knee
	<input type="checkbox"/> Heel

All measurements should be in centimeters.

\* Design Pressure  
\*\* If measuring is done in lying position, cA please apply 0 tension  
\*\*\*cD/cG 0 tension with silicone band and straight ending  
Lateral rise: standard is 4cm AD and required is 7cm AG

For additional product order forms, please go to:  
<https://eshop.jobst-usa.com>

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Arion Easy-Slide

- The user-friendly donning aid for open toe compression stockings and tights
- The lightweight, smooth material provides ease of donning/application

Size	Shoe size	BNR	UOM / Box	Order Qty
X-Small	≤ 2	7965803	1	
Small	2.5 - 5.5	7965804	1	
Medium	6 - 8	7965802	1	
Large	8.5 - 11	7965902	1	
X-Large	≥ 11.5	7966001	1	



## Arion Magnide®

- The ultimate donning aid for closed toe compression stockings and tights
- Unique magnetic closure for effective donning
- Has flexible sizing to fit different limb sizes

Size	Shoe size	BNR	UOM / Box	Order Qty
Medium	≤ 7.5	7957100	1	
Large	8 - 12	7957101	1	
X-Large*	≥ 13	7957102	1	



## Arion Magnide® 2in1

- New and improved application aid
- For putting on and taking off closed toe compression stockings and tights
- All-in-one product
- User-friendly donning mechanism using own body weight

Size	Shoe size	BNR	UOM / Box	Order Qty
Medium	< 7.5	7957110	1	
Large	≥ 8 - 10	7957111	1	
X-Large*	≥ 10.5	7957112	1	



\* XL also suitable for extra wide feet with cA up to 28 cm

## Arion Sim-Slide®

- Multi-functional application aid
- For putting on and taking off open toe compression stockings and tights
- All-in-one product

Size	Shoe size	BNR	UOM / Box	Order Qty
Small	< 3 - 6	7063301	1	
Medium	6.5 - 8	7063302	1	
Large	8.5 - 10.5	7063303	1	
X-Large	≥ 11	7063304	1	



## Arion Easy-Slide Kids

- Specifically designed to alleviate the problems experienced when donning arm and leg sleeves for children

Size	Age	Length	BNR	UOM / Box	Order Qty
X-Small	0-3 yrs	11.6" (29.5cm)	7957108	1	
Small	3-6 yrs	15.5" (39.5cm)	7957109	1	



## Arion SlideX®

SlideX is especially helpful for patients with:

- Highly sensitive skin on the lower legs
- Open wounds with a plaster or bandage
- An above-average sized lower leg, caused by lipedema or lymphedema
- To be used in combination with Easy-Slide, Sim-Slide® and Magnide®

Size	Circumference of lower leg	BNR	UOM / Box	Order Qty
Medium	≤ 15.7" (40cm)	7957106	1	
Large	≤ 23.6" (60cm)	7957107	1	
Extra large	≤ 39.5" (100cm)	7957107	1	



## Dycem® Non-Slip Material\*

- Improves grip
- Provides stability
- Helps with easier donning of a JOBST® garment

\* Caution: This product contains natural rubber latex which may cause allergic reactions.

Size	BNR	UOM / Box	Order Qty
One size	7763600	1	



Dycem® is a registered trademark of Dycem Ltd.

## JOBST® Donning Gloves\*

- Help to create friction and provide grip
- Help to evenly distribute the fabric on the leg

\* Caution: This product contains natural rubber latex which may cause allergic reactions.

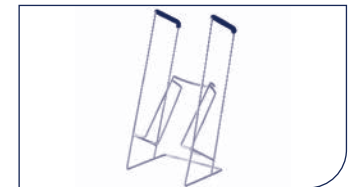
Size	BNR	UOM / Box	Order Qty
Small	131202	1 pair	
Medium	131203	1 pair	



## JOBST® Stocking Donner

- Easy-to-use device to help apply JOBST® Hosiery
- Ideal for people who have limited dexterity or have difficulty reaching their feet
- Use with closed and open toe styles
- Available in 2 sizes: Standard and Large calf

Size	BNR	UOM / Box	Order Qty
Standard	110913	1 donner	
Large	110910	1 donner	



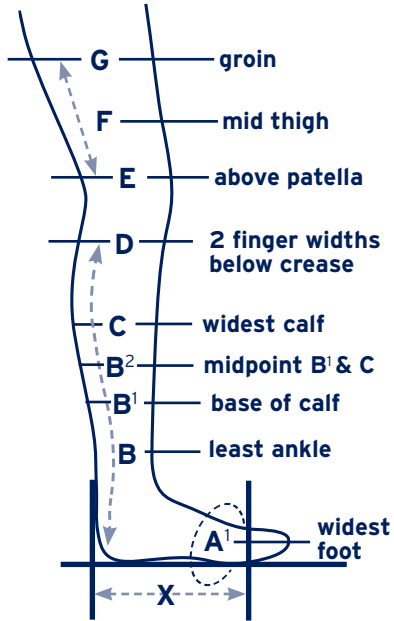


# FarrowWrap® Custom

**TO ORDER:**  
Fax: (+1) 800-863-5935  
Email: Sales@acols.com

Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Gender M  F   
 City/State/Zip \_\_\_\_\_  
 Diagnosis \_\_\_\_\_  
 Doctor / Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**PO#** \_\_\_\_\_  
 Original Order  Reorder w Changes   
 Exact Reorder  \_\_\_\_\_



CIRCUMFERENCE (C)	LEFT	RIGHT
cG (groin)		
cF (mid thigh)		
cE (above patella)		
cD (2 finger widths below crease)		
cC (widest calf)		
cB² (midway between cB¹ and cC)		
cB¹ (base of calf)		
cB (smallest point above ankle)		
cA¹ (widest foot)		

LENGTH	LEFT	RIGHT
lE-G (medially)		
lA-D (posteriorly, follow contour)		
lX (from base of toes to heel)		

Base of small toe to heel.

JOBST® FARROWWRAP® LINERS		
BSN Code	Description	Quantity
7666700	Farrow Silver AG Liners (Arm Hand Circumference < 56cm)	
7666600	Farrow Silver CG Liners (Arm Circumference < 56cm)	
7666800	Farrow Silver AD Liners Small (Leg Circumference < 56cm)	
7666802	Farrow Silver AD Liners Large (Leg Circumference 53-70cm)	
7666900	Farrow TG® Soft AD Liners (S < 40cm)	
7666902	Farrow TG® Soft AD Liners (M 40-70cm)	
7666904	Farrow TG® Soft AD Liners (L > 70cm)	
7667000	Farrow TG® Soft AG Liners (S < 40cm)	
7667002	Farrow TG® Soft AG Liners (M 40-70cm)	
7667004	Farrow TG® Soft AG Liners (L > 70cm)	
7667006	Farrow TG® Soft Arm Liners (S < 40cm)	
7667008	Farrow TG® Soft Arm Liners (M 40-70cm)	
7667010	Farrow TG® Soft Arm Liners (L > 70cm)	

BRAND / COMPRESSION	QUANTITY	ADDITIONAL LINERS (ordered in pairs)
<input type="checkbox"/> LITE (20-30mmHg)	Thigh: Left _____ Right _____	NOTE: there is a charge for these liners.  Liner model: <input type="checkbox"/> TG Soft <input type="checkbox"/> Silver  Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
<input type="checkbox"/> CLASSIC (30-40mmHg)	Leg: Left _____ Right _____	
<input type="checkbox"/> STRONG (30-40mmHg)	Foot: Left _____ Right _____	
	Knee: Left _____ Right _____ <small>(only available in Lite and Strong. If Custom, please choose: standard or wraparound.)</small>	



JOBST®, an Essity brand



Lymphedema Store  
11632 High Ste Ste A  
Sebastian FL 32958  
Email : Sales@acols.com Fax:772-589-0306 Phone: 800-863-5935 Option #1



# FarrowWrap® Upper Extremity

Ready-To-Wear • Custom • Trim-to-Fit

**TO ORDER:**  
 EMAIL: Sales@acols.com  
 FAX: 772-589-0306

Patient Name / BSN File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Gender M  F

City/State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Doctor / Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

<b>PO#</b>	
Original Order <input type="checkbox"/>	Reorder w Changes <input type="checkbox"/>
Exact Reorder <input type="checkbox"/>	_____

### Ready-To-Wear Arm

**Fabric**

LITE

**Color**

Beige (00)

Black (01)

**Length**

Short (S)

Regular (R)

Long (L)

**Size**

Small (2)

Medium (3)

Large (4)

**Side**

Left (L)

Right (R)

### Custom

**Style**

Custom

**Fabric**

Classic

LITE

STRONG

**Color**

Tan

**Side**

Left (L)

Right (R)

### Trim-To-Fit

**Size**

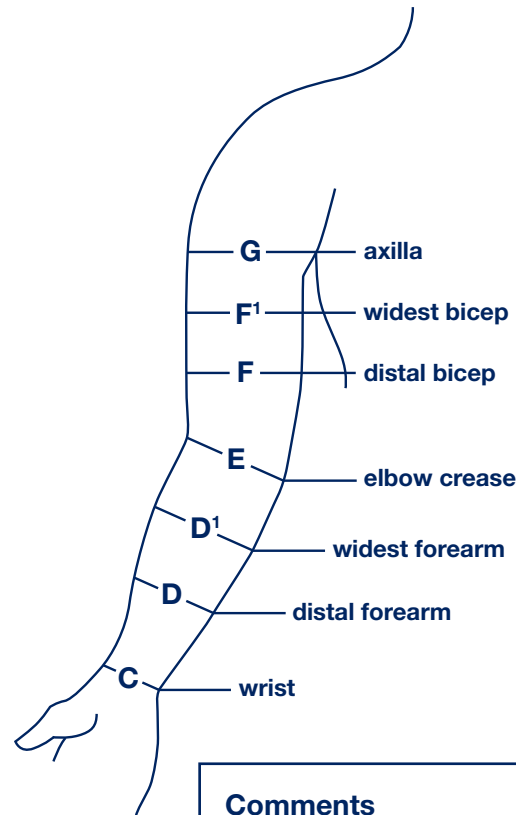
Medium (3)

Extra Large (5)

**Side**

Left (L)

Right (R)



Circumference (c)	Left	Right
cG (axilla)*		
cF <sup>1</sup> (widest bicep)		
cF (distal bicep)		
cE (elbow crease)*		
cD <sup>1</sup> (widest forearm)		
cD (distal forearm)		
cC (wrist)*		

Lengths	Left	Right
IC-G (wrist to axilla)*		
IC-E (wrist to elbow)		

**Comments**

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\*Circumference measurements needed for Ready to Wear garments. Please note that all measurements are needed for Custom garments.



# FarrowWrap® Upper Extremity

Ready-To-Wear • Custom • Trim-to-Fit

READY-TO-WEAR ARM			
Size	Wrist (cC)	Elbow (cE)	Axilla (cG)
S	14-18 cm	20-27 cm	22-31 cm
M	16-21 cm	25-34 cm	29-39 cm
L	19-25 cm	30-40 cm	32-45 cm
Length (C-G)	Short 40-43 cm		
	Regular 44-47 cm		
	Long 48-51 cm		

TRIM-TO-FIT ARM							
Size	Wrist (cC)	Forearm (cD)	Elbow (cE)	Bicep (cF)	Axilla (cG)	Length (C-E)	Length (E-G)
M	15-31 cm	20-36 cm	20-38 cm	25-42 cm	25-44 cm	20-25 cm	15-23 cm
XL	15-35 cm	20-40 cm	25-42 cm	25-45 cm	30-48 cm	20-28 cm	

READY-TO-WEAR ARM - TAN		
BNR	Description	Quantity
7665035	LITE Armpiece Long Small Left Tan	
7665000	LITE Armpiece Long Small Right Tan	
7665001	LITE Armpiece Long Medium Left Tan	
7665002	LITE Armpiece Long Medium Right Tan	
7665003	LITE Armpiece Long Large Left Tan	
7665004	LITE Armpiece Long Large Right Tan	
7665005	LITE Armpiece Regular Tan Small Left	
7665006	LITE Armpiece Regular Tan Small Right	
7665007	LITE Armpiece Regular Tan Medium Left	
7665008	LITE Armpiece Regular Tan Medium Right	
7665009	LITE Armpiece Regular Tan Large Left	
7665010	LITE Armpiece Regular Tan Large Right	
7665011	LITE Armpiece Short Tan Small Left	
7665012	LITE Armpiece Short Tan Small Right	
7665013	LITE Armpiece Short Tan Medium Left	
7665014	LITE Armpiece Short Tan Medium Right	
7665015	LITE Armpiece Short Tan Large Left	
7665016	LITE Armpiece Short Tan Large Right	

READY-TO-WEAR ARM - BLACK		
BNR	Description	Quantity
7665023	LITE Armpiece Regular Black Small Left	
7665024	LITE Armpiece Regular Black Small Right	
7665025	LITE Armpiece Regular Black Medium Left	
7665026	LITE Armpiece Regular Black Medium Right	
7665027	LITE Armpiece Regular Black Large Left	
7665028	LITE Armpiece Regular Black Large Right	
7665029	LITE Armpiece Short Black Small Left	
7665030	LITE Armpiece Short Black Small Right	
7665031	LITE Armpiece Short Black Medium Left	
7665032	LITE Armpiece Short Black Medium Right	
7665033	LITE Armpiece Short Black Large Left	
7665034	LITE Armpiece Short Black Large Right	
7665017	LITE Armpiece Long Black Small Left	
7665018	LITE Armpiece Long Black Small Right	
7665019	LITE Armpiece Long Black Medium Left	
7665020	LITE Armpiece Long Black Medium Right	
7665021	LITE Armpiece Long Black Large Left	
7665022	LITE Armpiece Long Black Large Right	

CUSTOM CLASSIC		
BNR	Description	Quantity
7599500	Classic Arm	

CUSTOM STRONG		
BNR	Description	Quantity
7598700	STRONG Arm	

CUSTOM LITE		
BNR	Description	Quantity
7599100	LITE Custom Arm (Left or Right)	

FARROWWRAP TRIM-TO-FIT		
BNR	Description	Quantity
7612000	LITE Armpiece (Left) Medium with 1 pair of silver arm liners	
7612002	LITE Armpiece (Right) Medium with 1 pair of silver arm liners	
7612001	LITE Armpiece (Left) Extra Large with 1 pair of silver arm liners	
7612003	LITE Armpiece (Right) Extra Large with 1 pair of silver arm liners	



JOBST®,  
an Essity brand



Patient Name: \_\_\_\_\_

### PAYMENT INFORMATION

Account #	<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	<input type="checkbox"/> Same as Billing Address
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Business Name	Business Name
Address	Address
Attention	Attention
City State	City State
Phone Zip	Phone Zip

### ORDER SPECIFICATIONS

Quote Only       Quote & Proceed

### SHIPPING Shipping rates may vary, depending on services requested and/or rates charged by carrier

FedEx® (2 day shipping)       Check if shipping to a residence      \$10.00 to business addresses; \$13.25 to residential addresses  
(Additional services may be available; contact JoViPak to discuss.)



Polartec® Power Dry® Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<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)

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](mailto:info@jovipak.com).

**Comments:**

Fitter/Therapist Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Questions? Call us at 1-800-863-5935 or email to [Sales@acols.com](mailto:Sales@acols.com)



JoViPak

# Boxers Custom

Email to: Sales@acols.com or Fax: 772-589-0306

Patient Name: \_\_\_\_\_ Previous Patient?  Yes Gender:  F  M

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Primary (congenital) or  Secondary Lymphedema  
(if no selection is made, JoViPak will default to Secondary Lymphedema)

### Circumference

Please record all measurements in centimeters

**Leg Lengths**

Left Right

L (Lowest Rib) \_\_\_\_\_ L \_\_\_\_\_ A to L \_\_\_\_\_

K (Natural Waist) \_\_\_\_\_ K \_\_\_\_\_ A to K \_\_\_\_\_

K<sup>1</sup> thru G to K<sup>2</sup> \_\_\_\_\_ K<sup>1</sup> \_\_\_\_\_ K<sup>2</sup> \_\_\_\_\_

J (Mid Hip) \_\_\_\_\_ J \_\_\_\_\_ A to J \_\_\_\_\_

H (Widest Hip) \_\_\_\_\_ H \_\_\_\_\_ A to H \_\_\_\_\_

G (Groin) \_\_\_\_\_ G \_\_\_\_\_ A to G \_\_\_\_\_

F<sup>2</sup> (Upper Thigh) \_\_\_\_\_ F<sup>2</sup> \_\_\_\_\_ A to F<sup>2</sup> \_\_\_\_\_

F<sup>1</sup> (Mid Thigh) \_\_\_\_\_ F<sup>1</sup> \_\_\_\_\_ A to F<sup>1</sup> \_\_\_\_\_

F (Lower Thigh) \_\_\_\_\_ F \_\_\_\_\_ A to F \_\_\_\_\_

E (Flexion Crease) \_\_\_\_\_ E \_\_\_\_\_ A to E \_\_\_\_\_

D (Least Knee) \_\_\_\_\_ D \_\_\_\_\_ A to D \_\_\_\_\_

C (Widest Calf) \_\_\_\_\_ C \_\_\_\_\_ A to C \_\_\_\_\_

B<sup>1</sup> (Base of Calf) \_\_\_\_\_ B<sup>1</sup> \_\_\_\_\_ A to B<sup>1</sup> \_\_\_\_\_

b-(Base of Toe) \_\_\_\_\_ i-(instep) \_\_\_\_\_ B \_\_\_\_\_ A to B \_\_\_\_\_

B (Least Ankle) \_\_\_\_\_ H/A (Heel/Ankle) \_\_\_\_\_ H/A \_\_\_\_\_

a-(Tip of Toe) \_\_\_\_\_ i (Instep) \_\_\_\_\_ a \_\_\_\_\_ A \_\_\_\_\_

i (Instep) \_\_\_\_\_ a \_\_\_\_\_ b \_\_\_\_\_ A-i (Heel to instep) \_\_\_\_\_

b (At base of little toe) \_\_\_\_\_ A-b (Heel to base of toe) \_\_\_\_\_

A-a Total Foot Length \_\_\_\_\_

Medial

K1 thru G to K2 is measured from center front waist through the crotch up to center back waist.

### Boxer

JoViJacket (Boxer - SUPER Powernet)

Black  White  Buff

Custom Classic Leg (separate AF1)

Right  left

JoViJacket (AG)

Black  White

### Boxer Capri

JoViJacket (Boxer Capri - SUPER Powernet)

Black  White  Buff

Custom Classic Lower Leg (separate AF1)

Right  left

JoViJacket (for separate AD garment)

Black  White

### No Charge Options

Cover to tips of toes (with separate AD or AF1)

Two Blend Foam (Low ILD)

### Additional Charge Options

Donning Loops

Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in)

Medial  Lateral

Safety Sok (matching fabric; non-slip sole)

Zipper - ankle to knee

Zipper - knee to groin

Dycem® - donning aid

Easy-Slide - donning aid

Prepaid Reduction Option

Boxer  Boxer Capri

AF1 Leg  AD Leg

- JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.
- 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.
- If ordering additional leg garments, please include foot tracings.

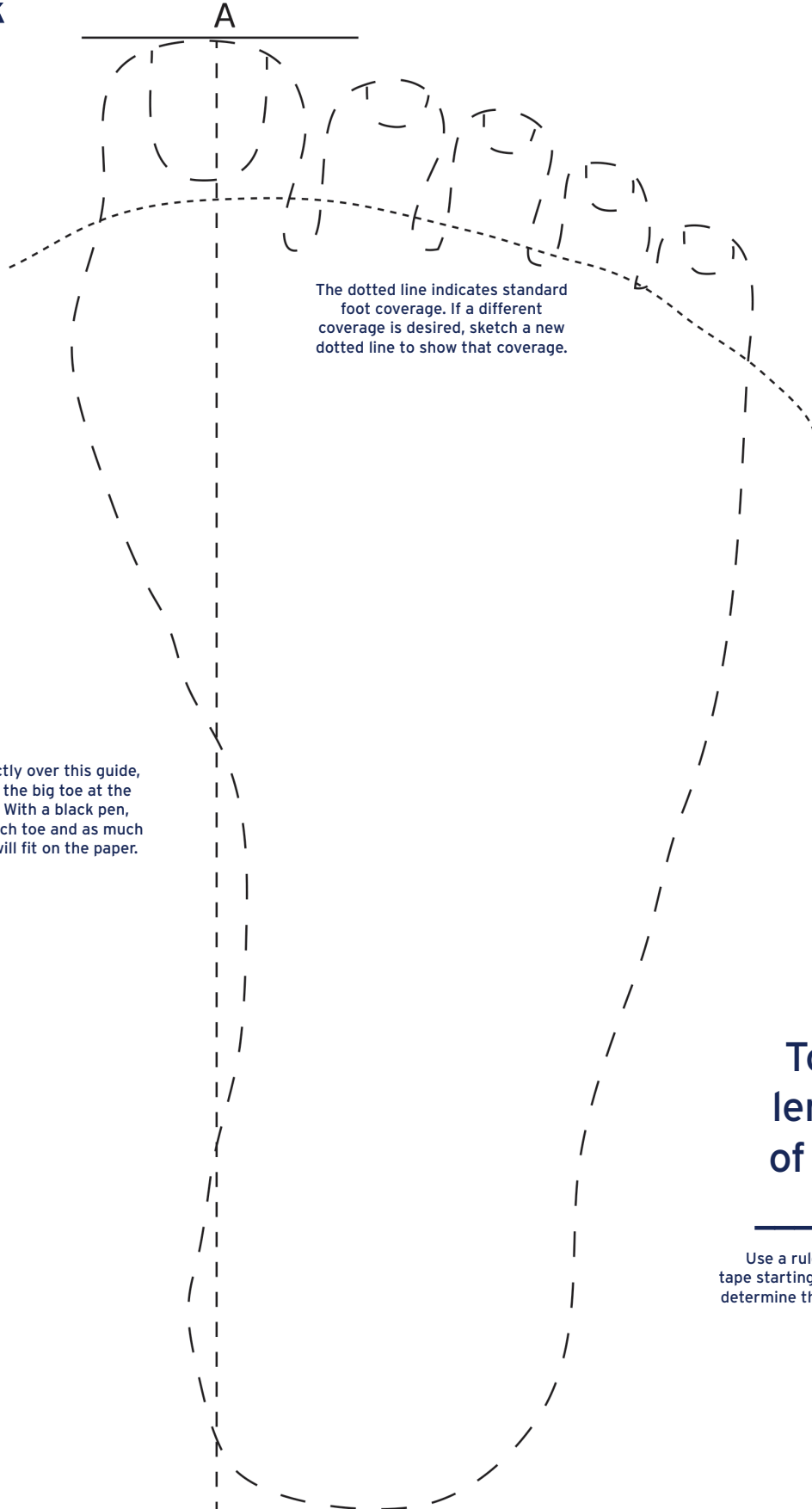
Fitter/Therapist Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Questions? Call us at 1-800-863-5935 or email to Sales@acols.com  
All sales are subject to JoViPak's Return, Guarantee and Warranty policies



JoViPak

# CUSTOM FOOT TRACING RIGHT FOOT



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total length of foot \_\_\_\_\_ cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

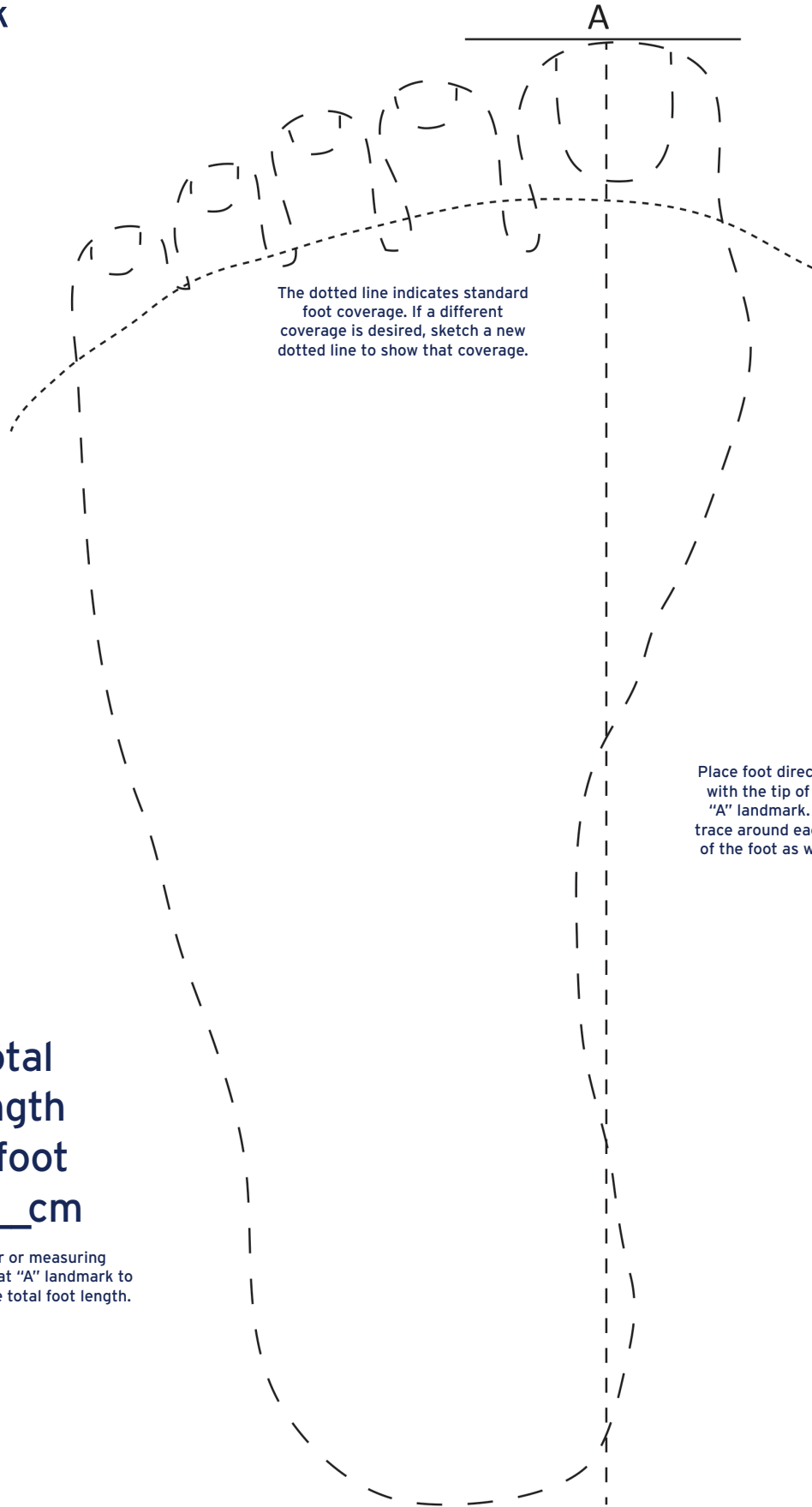
Patient Name or Reference #: \_\_\_\_\_





JoViPak

# CUSTOM FOOT TRACING LEFT FOOT



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

Total length of foot \_\_\_\_\_ cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.



# JOBST® Custom™ Seamed Order Form

<b>1</b> DATE: _____ <input type="checkbox"/> ORIGINAL ORDER <input type="checkbox"/> REORDER <input type="checkbox"/> QUOTE ONLY <b>RUSH Order with charge:</b> <input type="checkbox"/> yes	<b>2</b> <b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <hr/> <b>3</b> <b>SEVERITY</b> <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE	<b>4</b> <b>DIAGNOSIS:</b> Please Check Appropriate Box(es) <input type="checkbox"/> Edema <input type="checkbox"/> Lymphedema <input type="checkbox"/> Orthostatic Hypotension <input type="checkbox"/> Thrombotic Syndrome <input type="checkbox"/> Sclerotherapy/ Vein Ligation <input type="checkbox"/> Other: List _____ <input type="checkbox"/> Venous Ulcer <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Venous Insufficiency <input type="checkbox"/> Arterial Insufficiency <hr/> <b>5</b> <input type="checkbox"/> 15-20 mmHg <input type="checkbox"/> 20-30 mmHg <input type="checkbox"/> 30-40 mmHg <input type="checkbox"/> 40-50 mmHg <input type="checkbox"/> Other: _____
<b>6</b> File Number _____ PATIENT NAME or ID# _____ Date of Birth _____ / _____ / _____ <small style="margin-left: 100px;">Last Name First</small> <small style="margin-left: 150px;">Month</small> <small style="margin-left: 10px;">Year</small> Address _____ _____ _____ Phone # ( ) _____ <small style="margin-left: 10px;">Optional</small>		
<b>7</b> PRESCRIBER _____ Phone # _____ Address _____ Specialty _____ _____ _____		
<b>8</b> DEALER / CLINIC / HOSPITAL _____ Phone # ( ) _____ Facility Account # _____ Order confirmation: Fax No. _____ or E-Mail address _____ Measured By: _____ Fitter # _____		
<b>9</b> SHIP TO _____ Facility Account # _____ Address _____ _____ _____ Attention _____		
<b>10</b> BILL TO _____ Facility Account # _____ Address _____ <input type="checkbox"/> Prepaid <input type="checkbox"/> Invoice Attention _____ P.O. No. _____ _____ Same as <input type="checkbox"/> <input type="checkbox"/>		
<b>11</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX    Expiration Date _____ Auth.# _____ Card Number _____ Card Name _____		

Federal Law (USA) restricts the device to the sale by or on the order of a physician.

# CUSTOM SEAMED - ARM

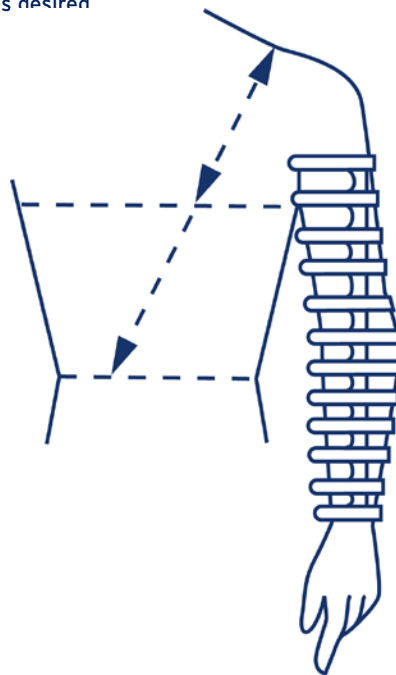
PATIENT'S NAME and/or ID # \_\_\_\_\_

12 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100505	Detachable Gauntlet (metacarpals to wrist)			
100515	Half Sleeve (wrist to elbow)			
100516	Half Sleeve & Gauntlet (metacarpals to elbow)			
101155	Half Sleeve (elbow to axilla)			
100501	Arm Sleeve (wrist to axilla)			
100503	Arm Sleeve with Attached Shoulder Flap			
100502	Arm Sleeve & Gauntlet (metacarpals to axilla)			
100504	Arm Sleeve, Gauntlet and Shoulder Flap			
101140	Arm Stump to Axilla			
<b>Options</b>				
101164	Zippers (see box 14)			
101167	Lining Inside Elbow			
101168	Lining Full Elbow			
101172	Adjustable Shoulder Flap (see box 15)			
101176	Contracture Seam			
110118	1" Silicone Band			
100160	2" Silicone Band			
100150	Beige			
100158	Black			

TOTAL

Standard length zipper is full length. If shorter zipper is desired please indicate length from wrist.

14 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (ulner) ASPECT (inside)				
POSTERIOR (back of hand)				
ANTERIOR (palm of hand)				



15 SHOULDER FLAP			
LEFT		RIGHT	

Length diagonally from top of shoulder to waist or below breast.

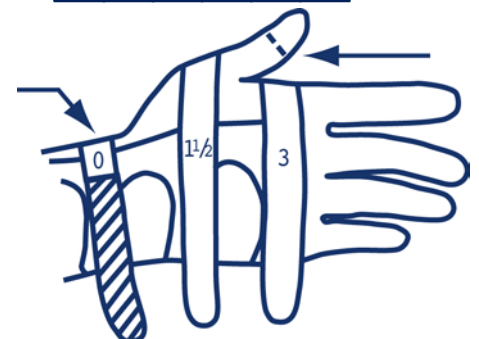
--	--	--

Give circumference for adjustable flap at waist or below breast.

## \* 13 ARM CIRCUMFERENCE

PLEATS	WRIST TAPE#		PLEATS
	LEFT	RIGHT	
		-6	
		-4 1/2	
		-3	
		-1 1/2	
		0	
		+1 1/2	
		+3	
		+4 1/2	
		+6	
		+7 1/2	
		ELBOW 9	
		+10 1/2	
		+12	
		+13 1/2	
		+15	
		+16 1/2	
		+18	
		+19 1/2	
		AXILLA	

16 THUMB CIRCUMFERENCE			
LEFT		RIGHT	



\*Start measuring arm from elbow to wrist then elbow to Axilla

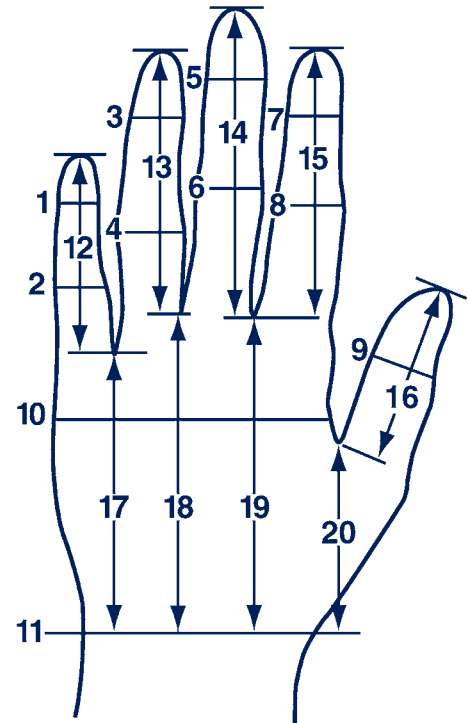
# CUSTOM SEAMED - HAND

PATIENT'S NAME and/or ID # \_\_\_\_\_

17 STYLES / OPTIONS				
CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	PRICE EACH
100532	Glove to Axilla			
100533	Glove to Axilla with Shoulder Flap			
100534	Glove to Elbow			
100535	Glove to Wrist			
100536	Interdigital Web Spacer (to be work over glove)			
100537	Mitten to Wrist			
Options				
101164	Zippers (see box 19)			
101169	Slant Inserts			
101167	Lining inside Elbow			
101168	Elbow lining (full)			
100021	Reinforced Palm or Dorsum			
100150	Beige			
100158	Black			

TOTAL

Should be taken from outline drawings unless fingers are contracted.



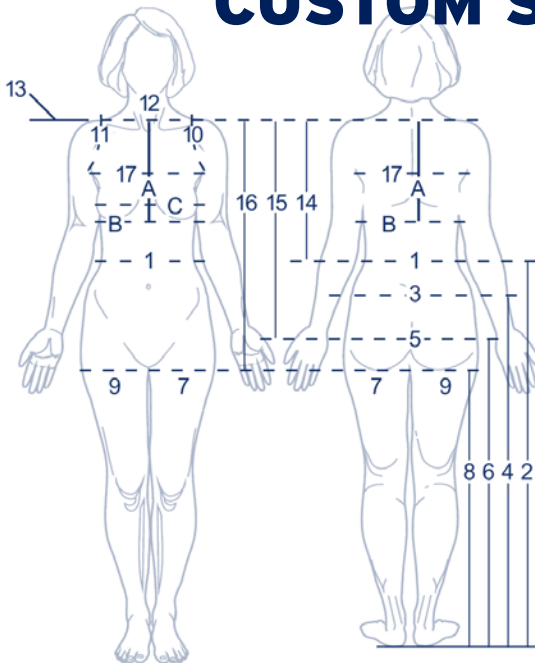
* 18 LENGTHS (HAND OUTLINE REQUIRED)				
For Open Tip, give finished length desired	IF OPEN	LEFT	RIGHT	IF OPEN
Little finger to web between little finger and ring finger				
Ring finger to web between ring and middle fingers				
Middle finger to web between middle and index fingers				
Index finger and web between middle and index fingers				
thumb to thumb web				
Wrist to web between middle and ring fingers				
Wrist to web between middle and ring fingers				
Wrist to web between index and middle fingers				
Wrist to thumb web				

19 ZIPPER OPTIONS (mark ✓)		
	LEFT	RIGHT
DORSAL (posterior) ASPECT (standard)		
ULNAR (little finger) (standard)		
PALMAR (anterior)		

20 CIRCUMFERENCES				
	LEFT		RIGHT	
Little finger DIP				
Little finger PIP				
Ring finger DIP				
Ring finger PIP				
Middle finger DIP				
Middle finger PIP				
Index finger DIP				
Index finger PIP				
Thumb				
Palm				
Wrist				
1 1/2" beyond Wrist				
3" beyond Wrist				

\* Hand outlines must have a 1" vertical measurement on the paper

# CUSTOM SEAMED - TORSO / HEAD



PATIENT'S NAME and/or ID # \_\_\_\_\_

## 21 STYLES

CAT. NO.	STYLES	QTY.	PRICE EACH
100525	Sleeveless Vest 1, 10-14, 17		
100524	Vest 1 Long Sleeve 1, 5, 7, 9-17 + arm(s) 1 Short Sleeve		
100526	Vest - 2 Short Sleeves 1, 5, 7, 9-17 + arm(s)		
100527	Vest - 2 Long Sleeves 1, 5, 7, 9-17 + arm(s)		
100530	Sleeveless Body Brief 1, 5, 7, 9-17		
100531	Body Brief with Sleeves 1, 5, 7, 9-17 + arm(s)		
100558	Sleeveless Body Suit 1, 5, 7, 9-17 + <b>leg(s)</b>		
100560	Body Suit with Sleeves 1, 5, 7, 9-17 + arm(s) & <b>leg(s)</b>		
101163	VELCRO® Tabs		
101118	1" Silicone Elastic (Beaded Dot Silicone band)		
100160	2" Silicone Elastic (Beaded Dot Silicone band)		
100150	Beige		
100158	Black		

## 22 CIRCUMFERENCES

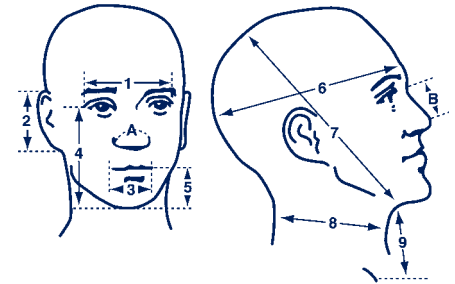
	CIRCUM	HEIGHT
Desired Top of Support		
Waist	1	2
Midpoint Between 1 & 5	3	4
Largest Part of Buttocks	5	6
Proximal Thigh Left (at fold of buttocks)	7	8
Proximal Thigh Right (at fold of buttocks)	9	8
Left Shoulder	10	
Right Shoulder	11	
Neck	12	
Shoulder Width		13
Shoulder to Waist		14
Shoulder to Largest Part of Buttocks		15
Shoulder to Fold of Buttocks		16
Chest	17	
End of Support		
Shoulder to End of Support		
Circumference at End of Support		
Measurement for Bra Cups		
Shoulder to Just Under Breast	A	
Circumference Just Under Breast	B	
Circumference Over Nipple Line	C	

TOTAL

If arm or leg measurements are required go to arm or lower extremity section(s).

## 23 TORSO / BODY DESIGN CHOICES

	Front Closure Zipper	Front Closure Velcro	Back Closure Zipper	Back Closure Velcro	Open Axilla LT RT	Self Axilla LT RT	V Neck	Turtle-neck	Scoop Neck
<input checked="" type="checkbox"/> IF YES									



## 24 HEAD MEASUREMENTS

Width of Eyes	1		
Length of Ear	2		
Width of Mouth	3		
Chin to Eyes	4		
Chin to Mouth	5		
Circ. above Eyebrow	6		
Around Head at Chin Angle	7		
Circ. of Neck	8		
Throat to Sternal Notch	9		
Nose Covering Across Tip	A		
Nose Covering Length	B		

## 25 STYLES / OPTIONS

CAT. NO.	STYLES	QTY.	PRICE EACH
100540	Face Mask		
101158	Open Face Mask		
100550	Chin Strap		
100549	Modified Chin Strap (extends behind ear)		
<b>Options</b>			
101165	Nose Covering		
101166	Lip Covering		
100150	Beige		
100158	Black		

TOTAL

# CUSTOM SEAMED - LOWER EXTREMITIES

## 26 LEG CIRCUMFERENCE

LEFT	TAPE#	RIGHT
	-7 1/2	
	-6	
	-4 1/2	
	-3	
	-1 1/2	
	HEEL 0	
	+1 1/2	
	+3	
	+4 1/2	
	+6	
	+7 1/2	
	+9	
	+10 1/2	
	+12	
	+13 1/2	
	+15	
	+16 1/2	
	+18	
	+19 1/2	
	+21	
	+22 1/2	
	+24	
	+25 1/2	
	+27	
	+28 1/2	
	+30	
	+31 1/2	
	+33	
	+34 1/2	
	+36	

PLEATS

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)


PATIENT'S NAME and/or ID # \_\_\_\_\_

## 27 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
100538	Foot Glove to Ankle Length				
100539	Foot Glove Extending to Knee Length				
<b>Waist Height: See Box #22 for Body Measurements</b>					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101104	Maternity, _____ month of Pregnancy				
101112	Waist Height / One Leg Panty, Open Pubis				
101113	Waist Height / One Leg Panty, Closed Pubis				
101114	Waist Height / One Leg, Brief				
101105	Waist Height / One Leg, Below Knee and One Full Leg, Closed Pubis				
101106	Waist Height / One Leg, Below Knee and One Full Leg, Open Pubis				
101119	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101111	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101122	Panty Girdle / Two Legs, Above Knee, Open Pubis				
101110	Panty Girdle / Two Legs, Below Knee, Open Pubis				
100077	Panty Girdle / Variation, Above Knee				
100103	Panty Girdle, Variation, One Leg Below Knee, One Leg Above Knee				
100102	Panty Girdle / Variation, Below Knee				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
100019	Leg Band (Knee or Thigh)				
<b>Colors</b>					
100150	Beige				
100158	Black				
<b>Options</b>					
101187	Reinforced Heel (per Leg)				
101188	Full Ankle Lining (including heel) (per Leg)				
101186	Reinforced Knee				
100040	Lining behind Knee (per Leg)				
101159	Self-material Enclosed Toe (see box 28)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 29)				
101108	Zipper Pull (Plastic)				
101161	Reduced Pressure Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 7/8")				
100031	Oversize Charge (60" to 69 7/8")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
101176	Contracture Seam				
<b>Stumps</b>					
101130	Stump Support, Above Knee				
101131	Stump Support, Below Knee				
101134	Stump Support, One Stump and One Leg, Waist Height, Closed Pubis				
101135	Stump Support, One Stump and One Leg, Waist Height, Open Pubis				
100039	Stump Support, One Stump and Panty				
100037	Chap Style, One Stump				
100038	Chap Style, Two Stump				

TOTAL

PATIENT'S NAME and/or ID # \_\_\_\_\_

28 FOOT MEASUREMENTS	
	
LEFT	RIGHT

28 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				

Please fax your order to: 1-822-863-5935  
or email to: Sales@acols.com

Lymphedema Store  
**1-800-863-5935 option 1**

COMMENTS	
COMMENTS	_____
	_____
	_____
	_____
	_____



Lymphedema Store  
11632 High St Ste A  
Sebastian Florida 32958  
PHONE: 772-589-3355 Option 1 or Fax: 772-589-0306

# CUSTOM SEAMED - LOWER EXTREMITIES

## 26 LEG CIRCUMFERENCE

LEFT	TAPE#	RIGHT
	-7 1/2	
	-6	
	-4 1/2	
	-3	
	-1 1/2	
	HEEL 0	
	+1 1/2	
	+3	
	+4 1/2	
	+6	
	+7 1/2	
	+9	
	+10 1/2	
	+12	
	+13 1/2	
	+15	
	+16 1/2	
	+18	
	+19 1/2	
	+21	
	+22 1/2	
	+24	
	+25 1/2	
	+27	
	+28 1/2	
	+30	
	+31 1/2	
	+33	
	+34 1/2	
	+36	

PLEATS

Pleat at end of foot only (2 max.)

Pleat at top only (1 max.)

PATIENT'S NAME and/or ID # \_\_\_\_\_


## 27 STYLES / OPTIONS / COLORS

CAT. NO.	STYLES	QTY. LEFT	QTY. RIGHT	QTY. OTHER	PRICE EACH
100105	Anklet				
100101	Knee Length				
100201	Thigh Length				
100538	Foot Glove to Ankle Length				
100539	Foot Glove Extending to Knee Length				
<b>Waist Height: See Box #22 for Body Measurements</b>					
101101	Waist Height / Two Legs / Closed Pubis				
101102	Waist Height / Two Legs / Open Pubis				
101103	Waist Height / One Leg / Open Pubis				
101104	Maternity, _____ month of Pregnancy				
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101113	Waist Height / One Leg Panty, Closed Pubis				
101114	Waist Height / One Leg, Brief				
101105	Waist Height / One Leg, Below Knee and One Full Leg, Closed Pubis				
101106	Waist Height / One Leg, Below Knee and One Full Leg, Open Pubis				
101119	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101111	Panty Girdle / Two Legs, Below Knee, Closed Pubis				
101122	Panty Girdle / Two Legs, Above Knee, Open Pubis				
101110	Panty Girdle / Two Legs, Below Knee, Open Pubis				
100077	Panty Girdle / Variation, Above Knee				
100103	Panty Girdle, Variation, One Leg Below Knee, One Leg Above Knee				
100102	Panty Girdle / Variation, Below Knee				
100035	Chap Style / One Leg				
100036	Chap Style / Two Legs				
100019	Leg Band (Knee or Thigh)				
<b>Colors</b>					
100150	Beige				
100158	Black				
<b>Options</b>					
101187	Reinforced Heel (per Leg)				
101188	Full Ankle Lining (including heel) (per Leg)				
101186	Reinforced Knee				
100040	Lining behind Knee (per Leg)				
101159	Self-material Enclosed Toe (see box 28)				
101160	Soft Enclosed Toe				
101164	Zippers (see box 29)				
101108	Zipper Pull (Plastic)				
101161	Reduced Pressure Abdominal Panel				
101162	Attached Suspenders (under age 6, no charge)				
101185	Reinforced Inner Thigh & Perineum				
101177	Oversize Charge (50" to 59 7/8")				
100031	Oversize Charge (60" to 69 7/8")				
100042	Oversize Charge (70" or greater)				
101118	1" Silicone Band				
100160	2" Silicone Band				
101163	1" Velcro® Tabs (Waist height only)				
101176	Contracture Seam				
<b>Stumps</b>					
101130	Stump Support, Above Knee				
101131	Stump Support, Below Knee				
101134	Stump Support, One Stump and One Leg, Waist Height, Closed Pubis				
101135	Stump Support, One Stump and One Leg, Waist Height, Open Pubis				
100039	Stump Support, One Stump and Panty				
100037	Chap Style, One Stump				
100038	Chap Style, Two Stump				

TOTAL \$0.00



PATIENT'S NAME and/or ID # \_\_\_\_\_

28 FOOT MEASUREMENTS	
	
LEFT	RIGHT

28 ZIPPER OPTIONS				
	LOCATION MARK (D)		LENGTH IN INCHES	
	LEFT	RIGHT	LEFT	RIGHT
LATERAL (outside) ASPECT (standard)				
MEDIAL (Inside) ASPECT				
IN BODY ONLY (waist height only)				

Please fax your order to: 1-822-863-5935  
or email to: Sales@acols.com

Lymphedema Store  
**1-800-863-5935 option 1**

COMMENTS	
COMMENTS	_____
	_____
	_____
	_____
	_____



Lymphedema Store  
11632 High St Ste A  
Sebastian Florida 32958  
PHONE: 772-589-3355 Option 1 or Fax: 772-589-0306



# Legs Custom

Email Form to: Sales@acols.com or Fax: 772-589-0306

## JoViPak

Patient Name: \_\_\_\_\_

Previous Patient?  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary (congenital) or  Secondary Lymphedema

### PAYMENT INFORMATION

Account # <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	Business Name
Address	Address
Attention	Attention
City State	City State
Phone Zip	Phone Zip

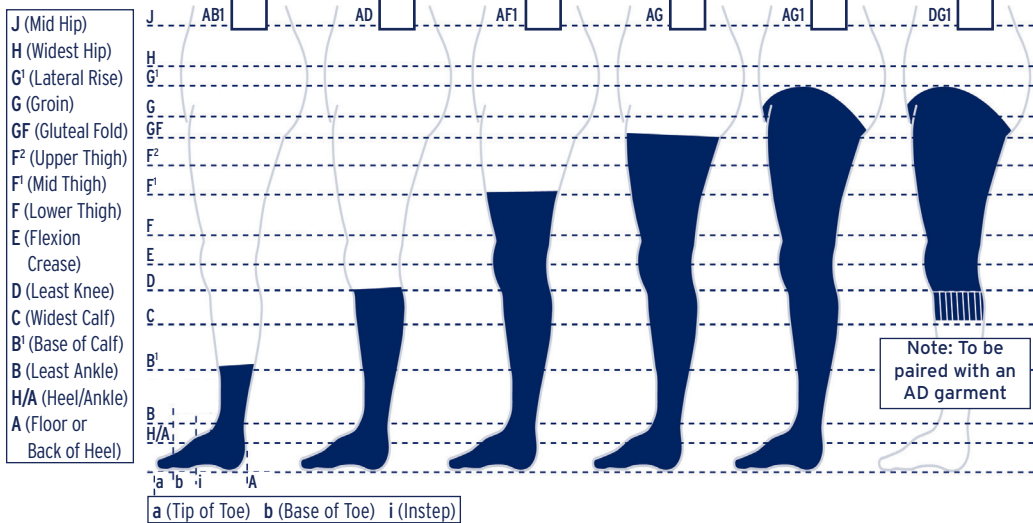
### ORDER SPECIFICATIONS

Quote Only  Quote & Proceed

**RUSH OPTION**  Additional 25% charge for 3 business day production period

**SHIPPING** Shipping rates may vary, depending on services requested and/or rates charged by carrier

FedEx® (2 day shipping)  Check if shipping to a residence \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)



Polartec® Power Dry® Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Pink
<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	
Organic Cotton Colors	
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	
SUPER Powernet Colors (InnaBoot only)	
<input type="checkbox"/> Black Cotton/Black SUPER Powernet	<input type="checkbox"/> Ivory Cotton/ Buff SUPER Powernet

Note: To be paired with an AD garment

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Questions? Call us at 1-800-863-5935 or email to Sales@acols.com



JOBST®, an Essity brand



/JOBSTUSA



@JOBST\_USA



@JOBSTforUSA



jobst-usa.com

Lymphedema Store  
11632 High St Ste A Sebastian Florida 32958  
Phone: 800-863-5935 Ext #1 or Fax: 772-589-0306

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JoViPak

# Legs Custom

Email Form to: Sales@acols.com or Fax to: 772-589-0306

### Circumference

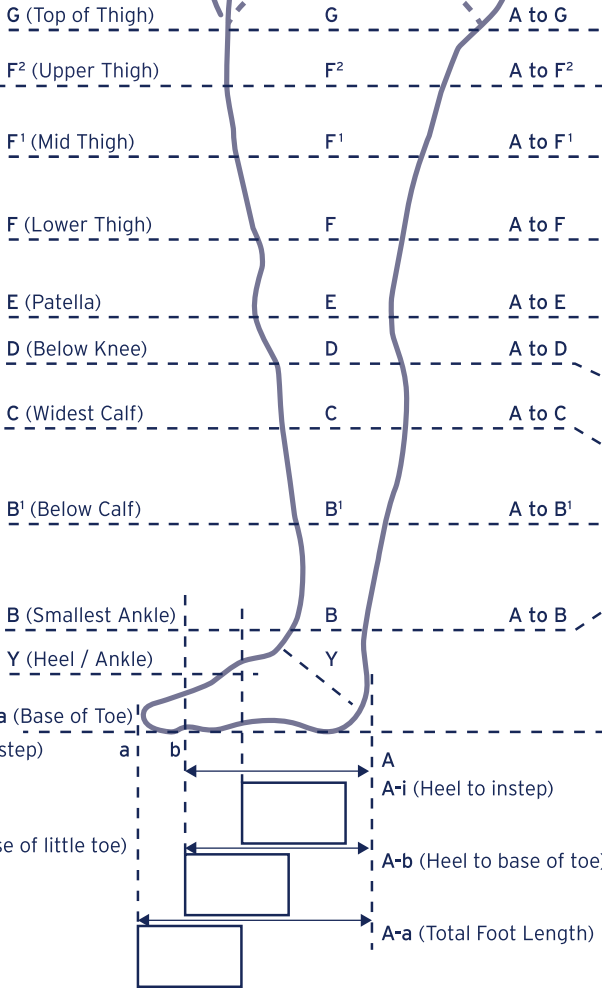
Left	Right

Please record measurements in centimeters.

G1 Lateral Rise Options:  
 7.6 cm  12.7 cm (default)

### Leg Lengths

Measure Lengths medially




### Styles

Standard Leg Garment (AD to AG1)

AD - Quilted

InnaBoot  AD  AG  
(Organic Cotton with SUPER Powernet JoViJacket)

### No Charge Options

Cover to tips of toes

2 Blend Foam (Low ILD)

### Additional Charge Options

JoViJacket  Black  White  
(JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness)

Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in)  Medial  Lateral

Zipper - ankle to knee

Zipper - knee to groin

Donning Loops

Pull Tabs (InnaBoots only)

Dycem® - donning aid

Arion Easy-Slide - donning aid

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@essity.com. Dycem® is a registered trademark of Dycem Ltd.



### Arion Easy-Slide

- The user-friendly donning aid for open toe compression stockings and tights
- The lightweight, smooth material provides ease of donning/application

Size	Shoe Size	BNR	UOM / Box	Order Qty.
X-Small	≤ 2	7965803	1	
Small	2.5-5.5	7965804	1	
Medium	6-8	7965802	1	
Large	8.5-11	7965902	1	
X-Large	≥ 11.5	7966001	1	

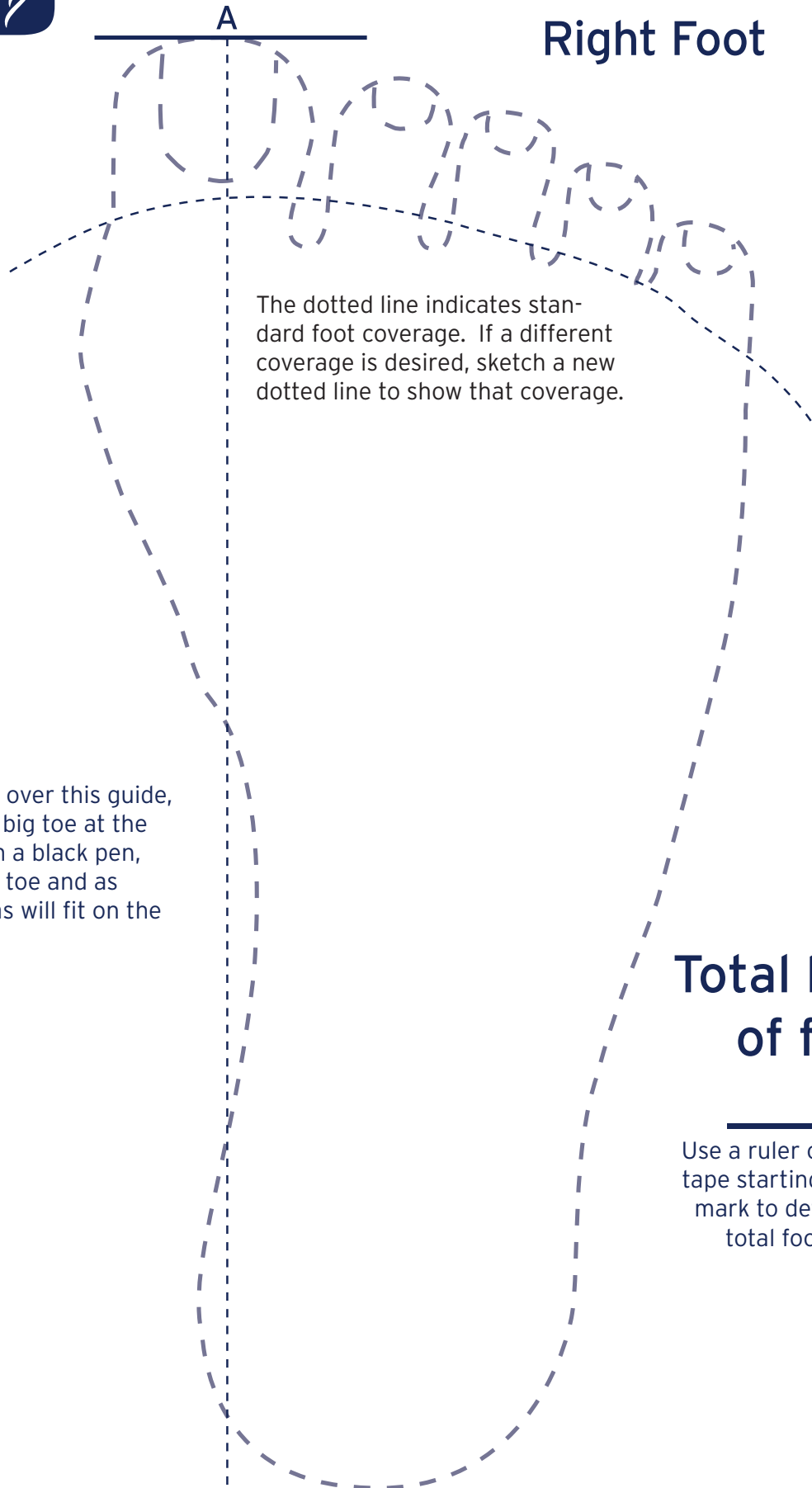
Comments:

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Questions? Call us at 1-800-863-5935 or email to Sales@acols.com

Patient Name or Reference # \_\_\_\_\_

# Custom Foot Tracing Right Foot



Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

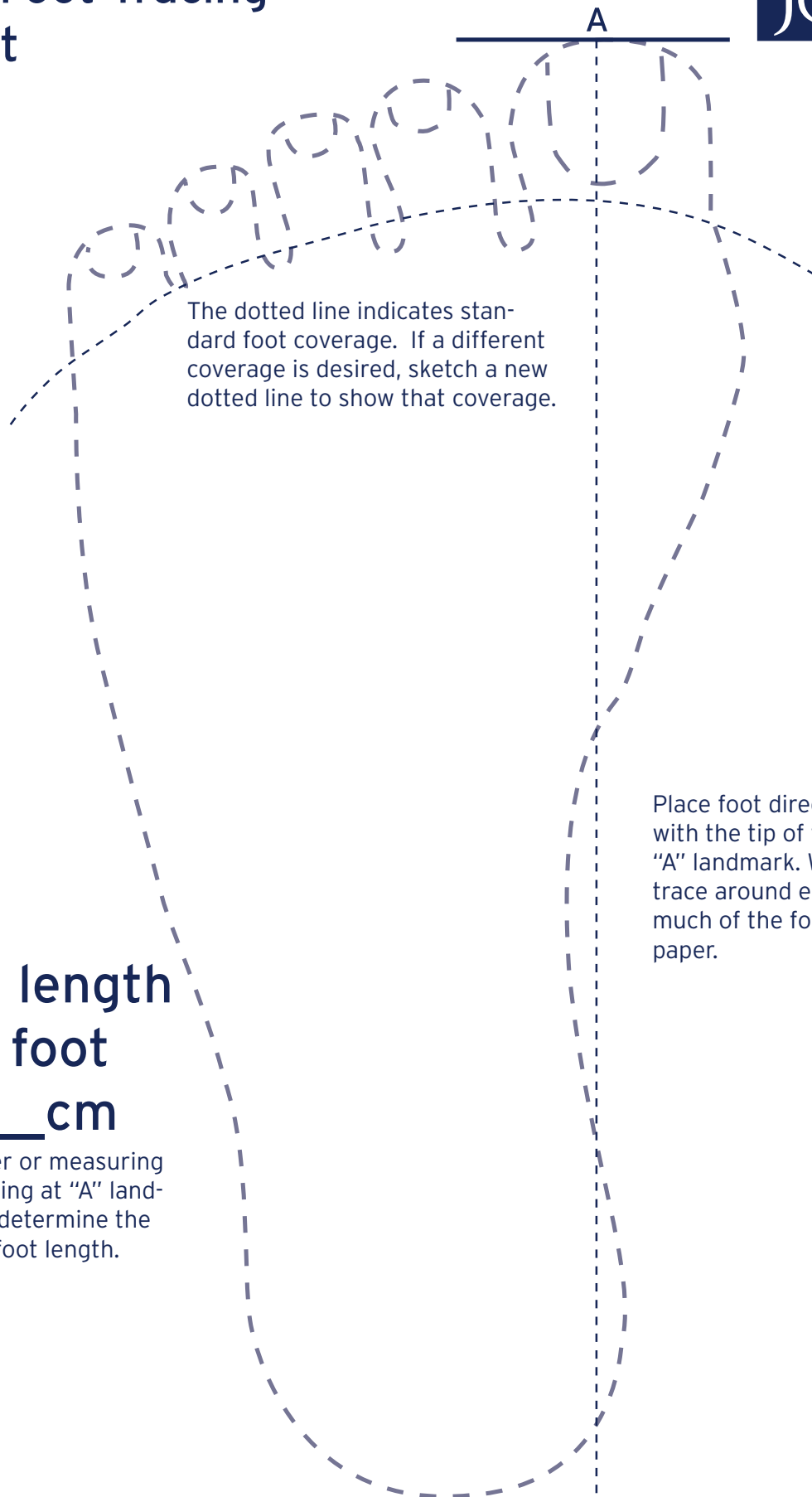
**Total length  
of foot**  
**\_\_\_\_\_cm**

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

# Custom Foot Tracing Left Foot



JoViPak



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

**Total length  
of foot**  
**\_\_\_\_\_cm**

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Patient Name or Reference # \_\_\_\_\_



JoViPak

# Hig Huggers Custom

FFAX COMPLETED FORM TO 1-800-863-5935 Email: Sales@acols.com

Patient Name: \_\_\_\_\_

Previous Patient?  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary (congenital) or  Secondary Lymphedema  
(if no selection is made, JoViPak will default to Secondary Lymphedema)

## PAYMENT INFORMATION

Account #	<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

Business Name	
Address	
Attention	
City	State
Phone	Zip

## SHIPPING ADDRESS

Same as Billing Address

Business Name	
Address	
Attention	
City	State
Phone	Zip

## ORDER SPECIFICATIONS

Quote Only  Quote & Proceed

**RUSH OPTION**  Additional 25% charge for 3 business day production period

**SHIPPING** Shipping rates may vary, depending on services requested and/or rates charged by carrier

FedEx® (2 day shipping)  Check if shipping to a residence \$10.00 to business addresses; \$13.25 to residential addresses (Additional services may be available; contact JoViPak to discuss.)



Hip Hugger



Hip Hugger Full Leg

### Organic Cotton

- Black
- Ivory
- Royal Blue

Fitter/Therapist Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



JOBST,  
an Essity brand



JoViPak

# Hig Huggers Custom

FAX COMPLETED FORM TO 1-800-863-5935 Email: Sales@acols.com

### Circumference

Please record all measurements in centimeters.

### Leg Lengths

Left Right

L (Lowest Rib) A to L

K (Natural Waist) A to K

K<sup>1</sup> thru G to K<sup>2</sup> K<sup>1</sup> K<sup>2</sup>

J (Mid Hip) A to J

H (Widest Hip) A to H

G (Groin) A to G

F<sup>2</sup> (Upper Thigh) A to F<sup>2</sup>

F<sup>1</sup> (Mid Thigh) A to F<sup>1</sup>

F (Lower Thigh) A to F

E (Flexion Crease) A to E

D (Least Knee) A to D

C (Widest Calf) A to C

B<sup>1</sup> (Base of Calf) A to B<sup>1</sup>

b-(Base of Toe) i-(instep) B A to B

B (Least Ankle) A to B

H/A (Heel/Ankle)

a-(Tip of Toe) i (Instep)

b (At base of little toe)

A-i (Heel to instep)

A-b (Heel to base of toe)

A-a Total Foot Length

Medial

K1 thru G to K2 is measured from center front waist through the crotch up to center back waist.

**Hip Hugger (DK)**

JoviJacket (DG)  
 Black  White

**Custom Classic Lower Leg (AD)**  
 Left  Right

JoviJacket (for separate AD garment)  
 Black  White

**Hip Hugger Full Leg (AK)**

JoviJacket (AG)  
 Black  White

**No Charge Options**

Cover to tips of toes (with separate AD or Full Leg Hip Hugger)

2 Blend Foam (Low ILD)

**Additional Charge Options**

Donning Loops

Pad - Dorsum (sewn in)

Pad - Malleolus (sewn in)  
 Medial  Lateral

Zipper - ankle to knee

Dycem® - donning aid

Arion Easy-Slide - donning aid

**Prepaid Reduction Option**

Hip Hugger/Full Leg  
 Full Leg  
 AD Leg(s)

Dycem® is a registered trademark of Dycem Ltd.

- JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.
- 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.
- If ordering additional leg garments, please include foot tracings.

Comments:

Fitter/Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_