

Patient: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Fitter: \_\_\_\_\_ Clinic \_\_\_\_\_

Fitter Title: \_\_\_\_\_ (example: PT/OT/PTA)

Date: \_\_\_\_\_



## Arm Sleeves Custom

### ORDER SPECIFICATIONS

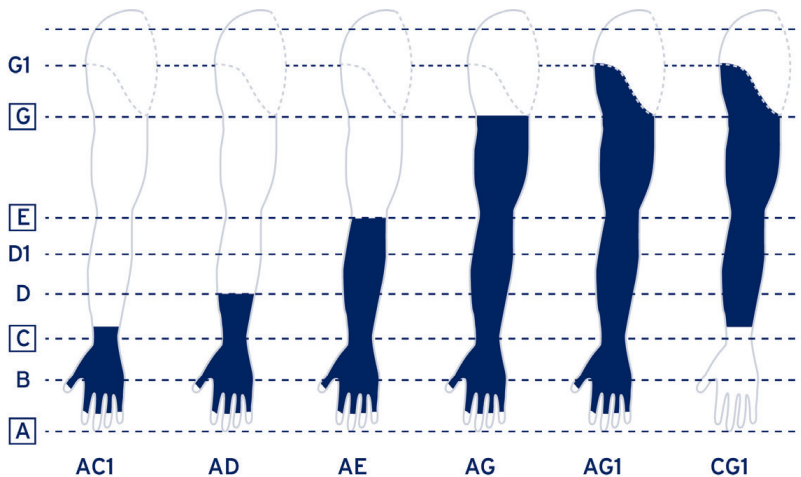
Quote Only       Quote & Proceed

**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	
<input type="checkbox"/> Black	<input type="checkbox"/> Ivory
<input type="checkbox"/> Royal Blue	

SUPER Powernet Colors (InnaSleeve only)	
<input type="checkbox"/> Black	<input type="checkbox"/> Buff
<input type="checkbox"/> White	

Measure extended arm in relaxed position, palm up

Please record measurements in centimeters.

G1 Lateral Rise Options:

- 6.35 cm (default)
- 10.15 cm

### Circumference

Left Right

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G (Axilla)

G

C to G

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F (Mid Bicep)

F

C to F

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--	--

E (Least Elbow)

E

C to E

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--	--

D (Widest Forearm)

D

C to D

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C (Least Wrist)

C

Wrist Landmark

C to B

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B (Palm at Web Space)  
Do not include thumb

B

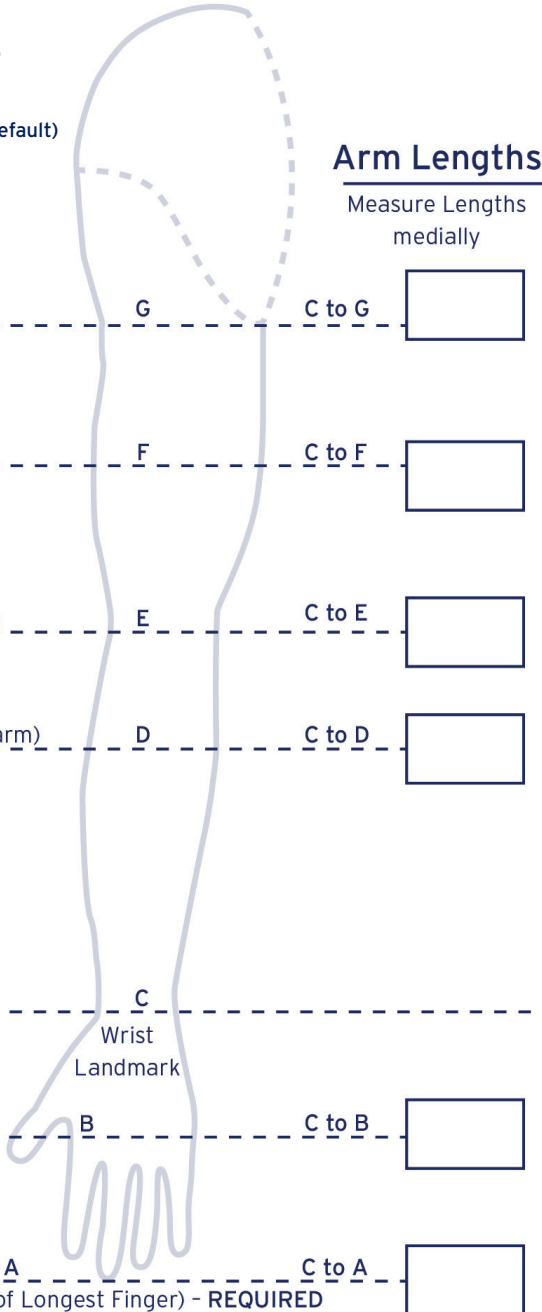
C to A

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A (Tip of Longest Finger) - REQUIRED

### Arm Lengths

Measure Lengths medially



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.

Styles	
<input type="checkbox"/>	Standard Arm Sleeve (AC1 to AG1)
<input type="checkbox"/>	InnaSleeve (AG - Organic Cotton with attached SUPER Powernet JoViJacket)
No Charge Options	
<input type="checkbox"/>	Slimline (more channels and less foam than standard channelling)
<input type="checkbox"/>	Cover to base of fingers
<input type="checkbox"/>	Cover fingers completely
<input type="checkbox"/>	2 Blend Foam (Low ILD)
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 & 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 or AG - 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"/>	Arion Easy-Slide - donning aid (for garments without a Stitched Finger Glove)
<input type="checkbox"/>	Prepaid Reduction Option

Dycem® is a registered trademark of Dycem Ltd.



### Arion Easy-Slide Arm <sup>On</sup>

- The user-friendly application aid makes putting on compression arm sleeves quick and easy
- A straightforward donning method in combination with the application aid



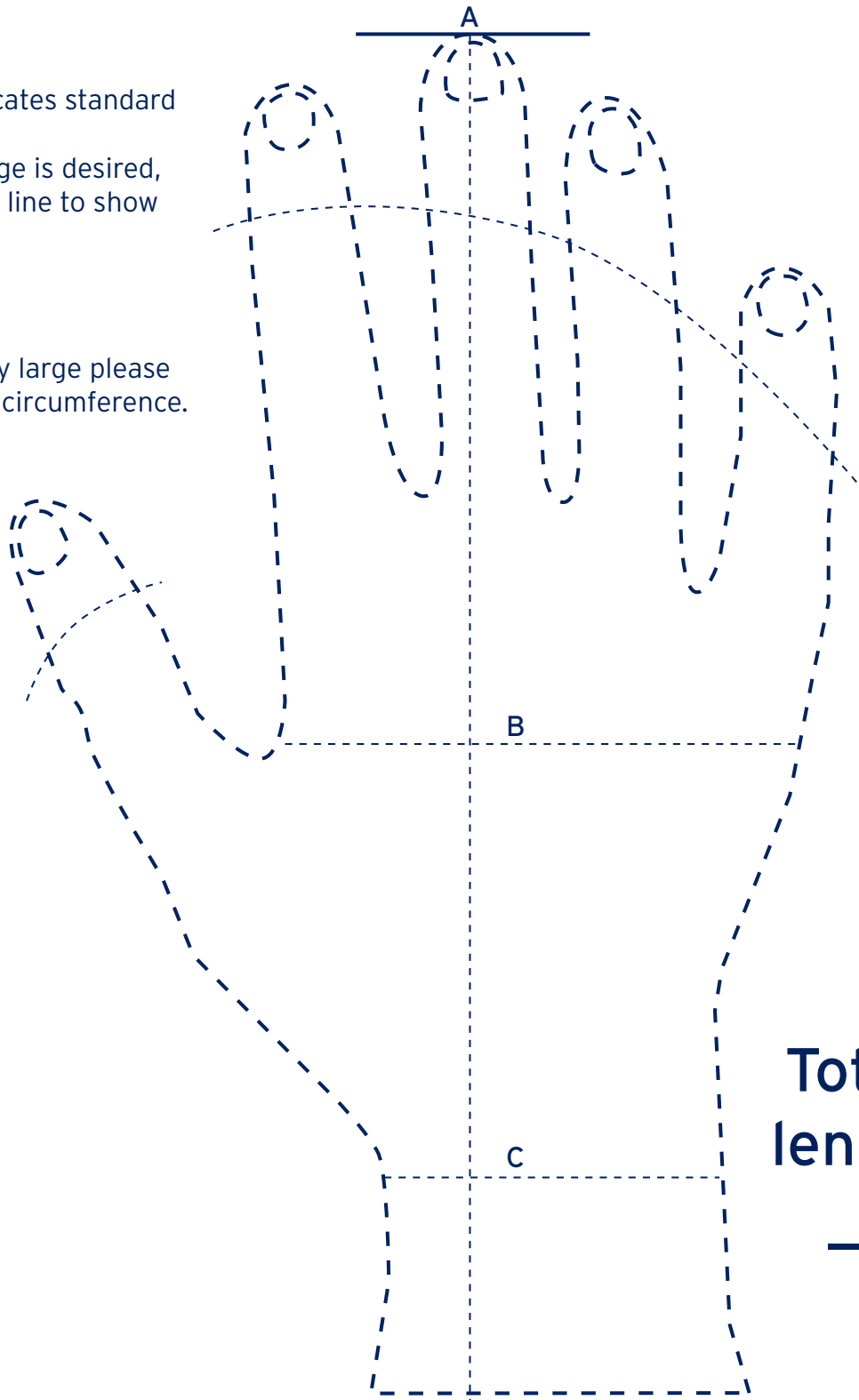
Size	Circumference of widest part of the arm	BNR	UOM / Box	Order Qty.
Medium	14.5"-15.1" (37-38.5cm)	7966102	1	
Large	15.3"-16.1" (39-41cm)	7510001	1	

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

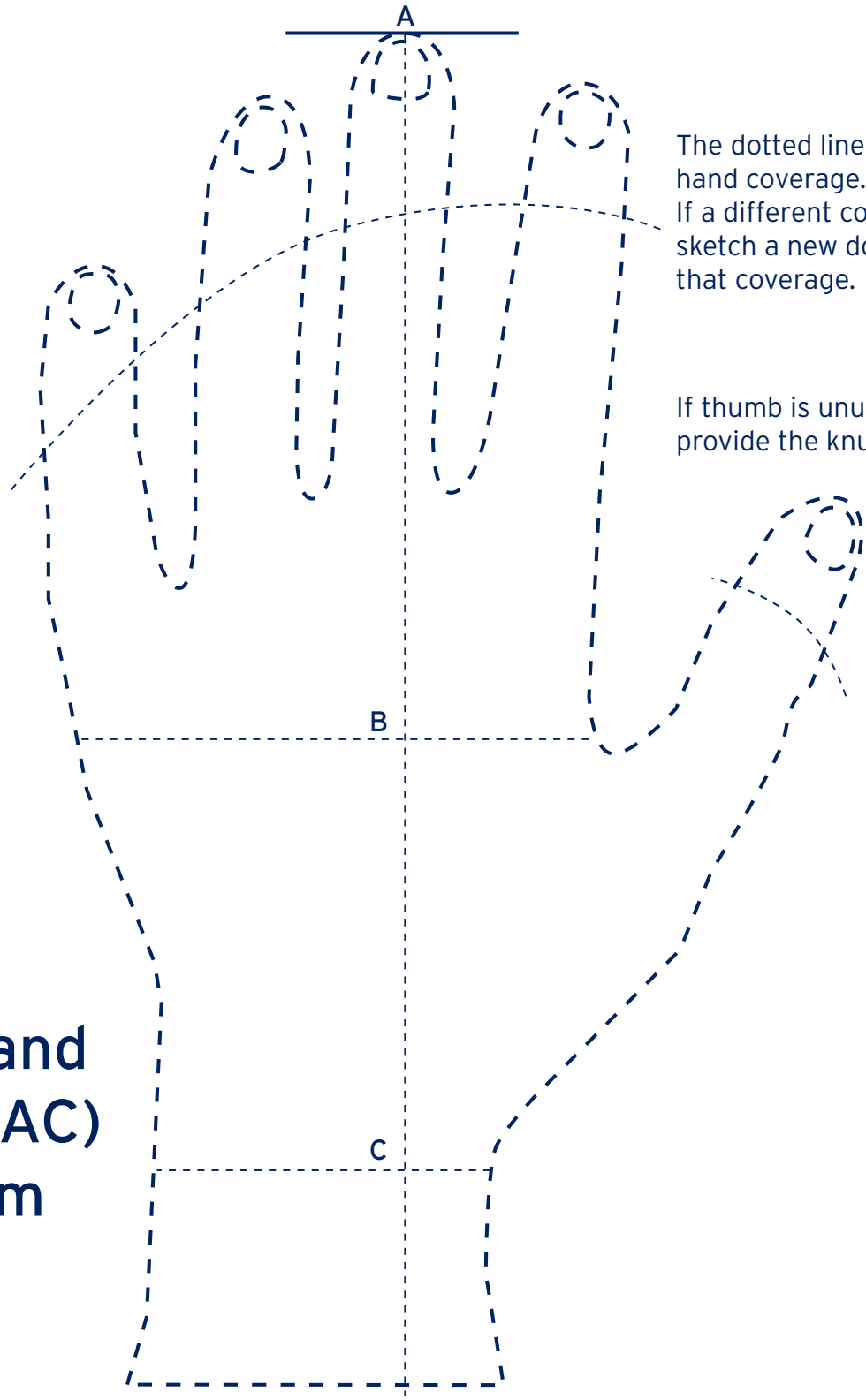
If thumb is unusually large please provide the knuckle circumference.



**Total hand  
length (AC)**  
\_\_\_\_\_cm

# Custom Hand Tracing Left Hand

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. 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