

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

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

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

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



## Hig Huggers Custom

### ORDER SPECIFICATIONS

Quote Only  Quote & Proceed

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

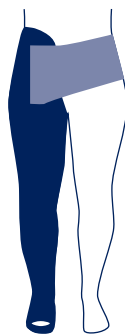
**SHIPPING** Shipping rates may vary, depending on services requested and/or rates charged by carrier

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.)



Hip Hugger



Hip Hugger Full Leg

#### Organic Cotton

Black

Ivory

Royal Blue



JoViPak

# Hig Huggers Custom

**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) B

H/A (Heel/Ankle) H/A

a-(Tip of Toe) i (Instep) 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.

<input type="checkbox"/> <b>Hip Hugger (DK)</b>
JoviJacket (DG) <input type="checkbox"/> Black <input type="checkbox"/> White
<b>Custom Classic Lower Leg (AD)</b> <input type="checkbox"/> Left <input type="checkbox"/> Right
JoviJacket (for separate AD garment) <input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> <b>Hip Hugger Full Leg (AK)</b>
JoviJacket (AG) <input type="checkbox"/> Black <input type="checkbox"/> White
<b>No Charge Options</b>
<input type="checkbox"/> Cover to tips of toes (with separate AD or Full Leg Hip Hugger)
<input type="checkbox"/> 2 Blend Foam (Low ILD)
<b>Additional Charge Options</b>
<input type="checkbox"/> Donning Loops
<input type="checkbox"/> Pad - Dorsum (sewn in)
Pad - Malleolus (sewn in) <input type="checkbox"/> Medial <input type="checkbox"/> Lateral
<input type="checkbox"/> Zipper - ankle to knee
<input type="checkbox"/> Dycem® - donning aid
<input type="checkbox"/> Arion Easy-Slide - donning aid
<b>Prepaid Reduction Option</b>
<input type="checkbox"/> Hip Hugger/Full Leg
<input type="checkbox"/> Full Leg
<input type="checkbox"/> 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:**