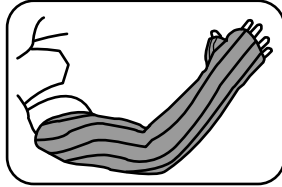
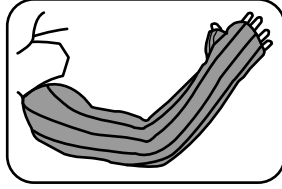


Made-to-Order JoViPak® Arm Form



- UE-AG1**
PIPs to Axilla
w/4" rise
JoVi Jacket
- UE-AG1-JJ**
JoVi Jacket



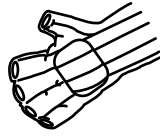
- UE-AH**
PIPs to
Acromium Process
JoVi Jacket
- UE-AH-JJ**
JoVi Jacket

VARIATIONS

- Right** **Left**

- UE-CG1** Wrist to Axilla w/4" rise
JoVi Jacket
- UE-CG1-JJ** JoVi Jacket
- UE-AC1** PIPs to 2" above wrist
JoVi Jacket
- UE-AC1-JJ** JoVi Jacket
- UE-AD** PIPs to mid forearm
JoVi Jacket
- UE-AD-JJ** JoVi Jacket
- UE-AE** PIPs to Elbow crease
JoVi Jacket
- UE-AE-JJ** JoVi Jacket
- UE-AF** PIPs to mid bicep
JoVi Jacket
- UE-AF-JJ** JoVi Jacket
- UE-AG** PIPs to axilla, no lateral rise
JoVi Jacket
- UE-AG-JJ** JoVi Jacket

OPTIONS



- OF/GLOV** (Stitching
between each finger)

- Palm Pad** (sewn into garment)
- Dorsum Pad** (sewn into garment)
- Zipper** (Wrist to Elbow)
- Zipper** (Elbow to Axilla) (Full length
zippers not recommended)
- Snug Fit** (1/8" smaller at wrist to 1/2" at axilla
(Not recommended for Sizes XSmall or Small))
- Slimline** (More channels, less foam)
- Cover Fingers Completely**
- Cover to base of fingers only**
- Low ILD Foam** (for fragile skin)

Nylon/Spandex JoVi Jacket Color:

- Black** **White**

LENGTH

- Wrist to Axilla
- Short** 16" **Long** 18"
 - Regular** 17" **XLong** 19"
- Wrist to Tip of Middle Finger
- XShort** 6 - 6 1/2" **Long** 7 1/2 - 8"
 - Short** 6 1/2 - 7" **XLong** 8 - 8 1/2"
 - Reg.** 7 - 7 1/2"

FABRIC

- Cotton/Lycra®
- Ivory** **Royal Blue**
- Polartec® Power Dry®
- Grey** **Royal Blue**
 - Buff** **Leaf Green**
 - Black** **Purple Heart**
 - Navy** **Glacier Blue**
 - White** **French Blue**
 - Pink** (odor-resistant fiber)

Silkweight

- Black** **Blue Ridge**

Polartec® Power Dry® w/ X-Static® Fiber

- Glacier Blue** **Leaf Green**
- Indigo Blue**

SIZE

- XSmall**
- XSmall MAX**
- Small**
- Small MAX**
- Medium**
- Medium MAX**
- Large**
- Large MAX**
- XLarge**
- XLarge MAX**

Fax this form Toll Free to: 1-877-760-4943
with standard JoViPak Order Form
with Shipping and Billing Instructions

Fitter/
Therapist _____

Clinic/DME _____

Comment _____

Patient Name
or Reference# _____

Phone _____

Date _____

NOTE: Made-to-Order garments are not returnable. If the arm measurements do not fall within the circumferential and length parameters, use the Custom (Made-to-Measure) Form and submit measurements for each landmark. Provide hand tracing for ALL Glove Orders and note desired finger length. Alterations are billed at \$60 per hour.



Made-to-Order
JoViPak® Arm
Size Chart

	Least Wrist Circumference		Least Elbow Circumference		Axilla Circumference	
	14cm - 15.5cm	5½ in - 6 in	20cm - 23cm	8 in - 9 in	23cm - 27.5cm	9 in - 10¾ in
XSmall	14 - 15.5	5½ - 6	22 - 25	8¾ - 9¾	27 - 31	10½ - 12¼
XSmall MAX	15.5 - 16.5	6 - 6½	23 - 26	9 - 10¼	27.5 - 32	10¾ - 12½
Small	15.5 - 16.5	6 - 6½	25 - 28	9¾ - 11	31 - 36	12¼ - 14
Small MAX	16.5 - 18	6½ - 7	26 - 29	10¼ - 11½	32 - 36	12½ - 14¼
Medium	16.5 - 18	6½ - 7	28 - 31	11 - 12¼	36 - 40	14 - 15¾
Medium MAX	18 - 19	7 - 7½	29 - 33	11½ - 13	36 - 41	14¼ - 16
Large	18 - 19	7 - 7½	31 - 35	12¼ - 13¾	40 - 44.5	15¾ - 17½
Large MAX	19 - 20.5	7½ - 8	33 - 37.5	13 - 14¾	41 - 45	16 - 17¾
XLarge	19 - 20.5	7½ - 8	35 - 39.5	13¾ - 15½	44.5 - 49	17½ - 19¼

Length Measurements

Are based on Medial Inseam - Wrist to Axilla, with patient standing and arm hanging down to the side.

Short	40.5cm	16 in
Regular	43	17
Long	45.5	18
XLong	48	19



JoViPak®
 19625 62nd Ave S. Suite B101
 Kent, WA 98032
 Phone: (206) 575-1656
 Toll Free: 1 (866) 888-5684
 Email: info@jovipak.com
 www.jovipak.com

Order Form

Fax this form
 Toll Free to:
1-877-760-4943

Date _____
 Customer ID# _____
 PO# _____

BILL TO

Business _____
 Attention _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____

SHIP TO

Business _____
 Attention _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____

SHIPPING: PLEASE SPECIFY

Business Address Residential Address (\$5 extra)
 Ground Next Day Air
 2nd Day Air 3 Day Select

PAYMENT INFO

Check (Payable to Tri-D Corporation) Bill to Account

Credit Card Visa MasterCard
 Exp. ____ / ____ American Express

Card# _____

Cardholder _____
 (print name)

Signature _____

CONTACT INFORMATION

Patient _____
 Previous JoViPak customer
 Phone _____
 Measured By _____
 Phone _____
 Email _____
 FAX Order Confirmation to:
 Name: _____
 FAX #: _____

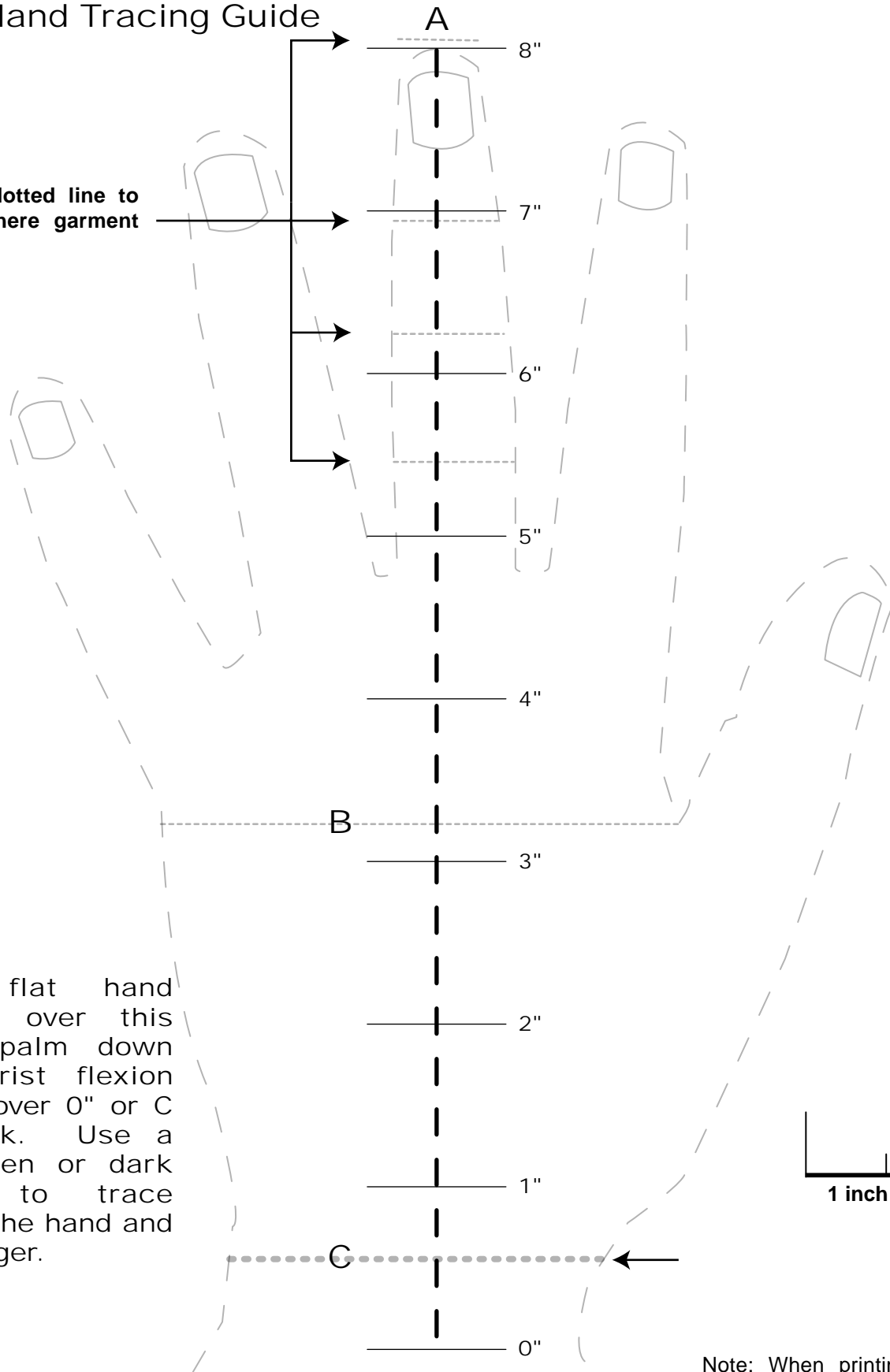
This Form Must
 Accompany Every Order

QTY	PRODUCT #	*Right or Left	SIZE	*Primary or Secondary	UNIT PRICE

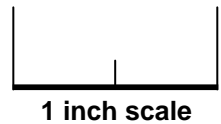
PRODUCT SUBTOTAL

JoViPak® Custom (Made-to-Measure) & Made-to-Order (Left) Hand Tracing Guide

Sketch a dotted line to indicate where garment should end.



Place flat hand directly over this guide, palm down with wrist flexion crease over 0" or C landmark. Use a black pen or dark pencil to trace around the hand and each finger.



Patient Name _____ Date _____
or Reference# _____

Note: When printing this form from a pdf file, verify that your printer will print at 100%. This will insure scale accuracy.

