

# Custom (Made-to-Measure) JoViPak® Full Arm Form

**C to H**  Lateral Length Wrist to Acromion

**C to G1**  Lateral Length for coverage of Deltoid

**C to G**  **G**  Axilla (measure straight across)

**C to F2**  **F2**  Proximal or Upper Biceps (optional)

**C to F1**  **F1**  Mid Biceps (optional)

**C to F**  **F**  Distal or Widest Biceps

**C to E**  **E**  Least Elbow

**C to D1**  **D1**  Widest Forearm

**C to D**  **D**  Distal Forearm

**Landmark Wrist C**  **C**  Least Wrist

**Length C to B**  **B**  Palm at web space Do not include thumb

**Length C to tip of middle finger**  **A**

Measure extended arm in relaxed position, palm up. Measure C to G with patient standing and arm hanging down to their side.

Measurements Recorded in:  
 Inches  
 Centimeters

Trace hand flat, palm down on **Hand Tracing Guide** and indicate where garment should end on fingers. (see arrows on guide)


## PATIENT INFORMATION

Right Arm  Primary  
 Left Arm  Secondary

Height  Birth Date

Weight

## OPTIONS

 **OF/Glov**  
 (Stitching between each finger to base of nailbeds)

Palm Pad (sewn in)

Dorsum Pad (sewn in)

Zipper (Elbow to Axilla)

Zipper (Wrist to Axilla)

Snug Fit ( " smaller at wrist to 1/2" at axilla) Not recommended for extra small or small arms

Slimline (More channels, less foam)

Cover fingers completely (Standard hand extends to base of nailbeds)

Cover to base of fingers only

Low ILD Foam (for fragile skin)

JoVi Jacket (Nylon/Spandex)  
 For added compression or as a substitute for bandages

**Choose JoVi Jacket Color:**  
 Black  White



**NOTE:** Style samples and fabric/color options are listed on the back of this form. Custom (Made-to-Measure) garments are not returnable. Provide hand tracing for ALL glove orders and note desired finger length. Alterations are billed at \$60 per hour. Call for quote on garments requiring additional engineering or pattern-making time.

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

Include fabric and color choice here if you are **NOT** faxing the back of this form.

Fabric

Color

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







