

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

**Lengths**

**Circumferences**

Measurements Recorded in:  
 Inches  
 Centimeters

Waist  
Largest Hip  
Groin  
Upper Thigh  
Mid or Widest Thigh  
Lower Thigh  
Above Patella  
Tibial Tuberosity or Least Knee  
Widest or Mid Calf  
Base of Calf  
Least Ankle

Heel around Ankle  
Instep at Medial Cunieform  
Base of Little Toe

## PATIENT INFORMATION

Right Leg     Primary  
 Left Leg     Secondary  
 Chronic Venous Insufficiency

Height   
 Weight   
 Shoe Size     Birth Date

## OPTIONS

Zipper (Knee to Groin)  
 Zipper (Ankle to Groin)  
 Snug Fit (¼" smaller at ankle to 1" smaller at groin) *Not recommended for extra small or small legs*  
 Cover Toes Completely  
 Venous Insufficiency (ADVI) Foot  
 Low ILD Foam (*for fragile skin*)  
 Popliteal Pad  
 Maleolus Pad (*please choose*)  
      Medial     Lateral  
 Safety Sok (*with non-skid sole*)  
 JoVi Jacket (Nylon/Spandex)  
 Choose Color:  
 Black     White

Trace around toes and measure the length of foot on the **Foot Tracing Guide**. Indicate where garment should end on toes. (see arrows on guide)



**NOTE:** Style samples and fabric/color options are listed on the back of this form. Custom (Made-to-Measure) garments are not returnable. Provide foot tracing for ALL foot orders and note garment end point on toe. Alterations are billed at \$60 per hour.

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

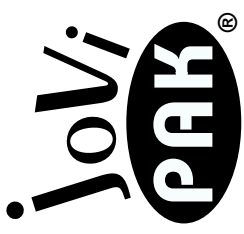
Color

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

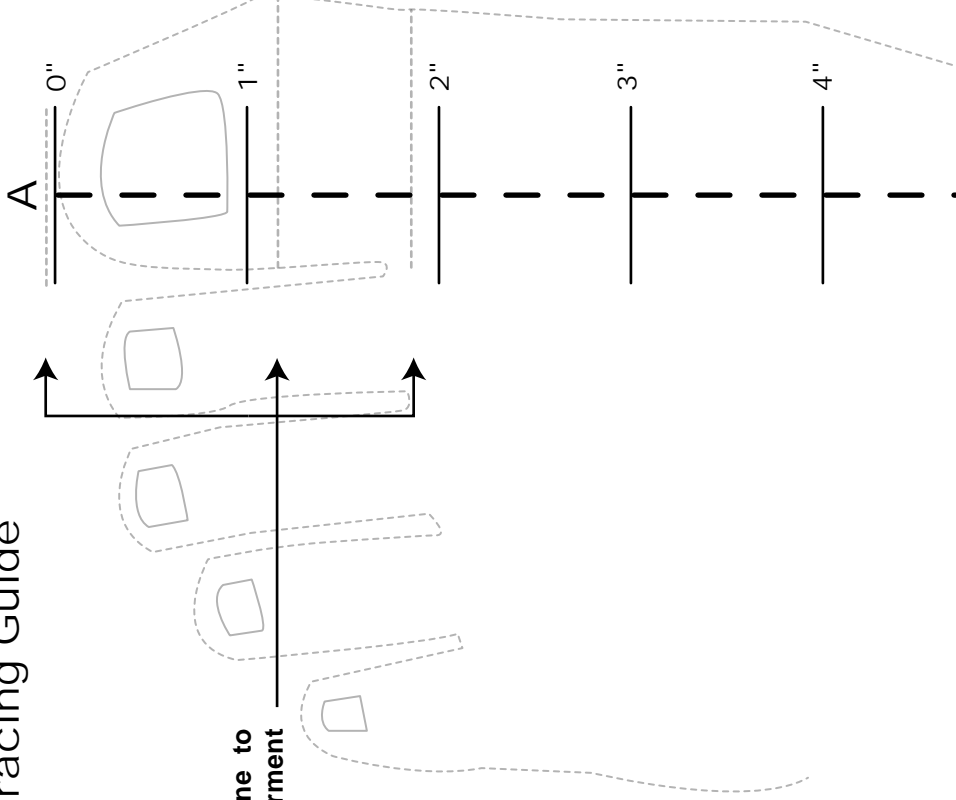




JoViPak® Custom (Made-to-Measure) & Made-to-Order  
(Left) Foot Tracing Guide



Sketch a dotted line to indicate where garment should end.



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(Made-to-Measure)  
or Made-to-Order  
**Full Leg Form**

**Medial Cuneiform** |  
(highest point on top of foot)

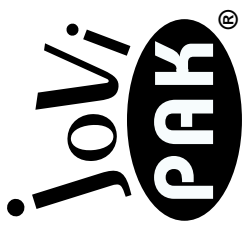
Place foot directly over this guide, with tip of big toe at "0". With a black pen, trace around each toe and as much of the foot as will fit on paper. Use a ruler or measuring tape starting at "0" to determine total length of foot. (Tip of the big toe to the posterior edge of the heel.)

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

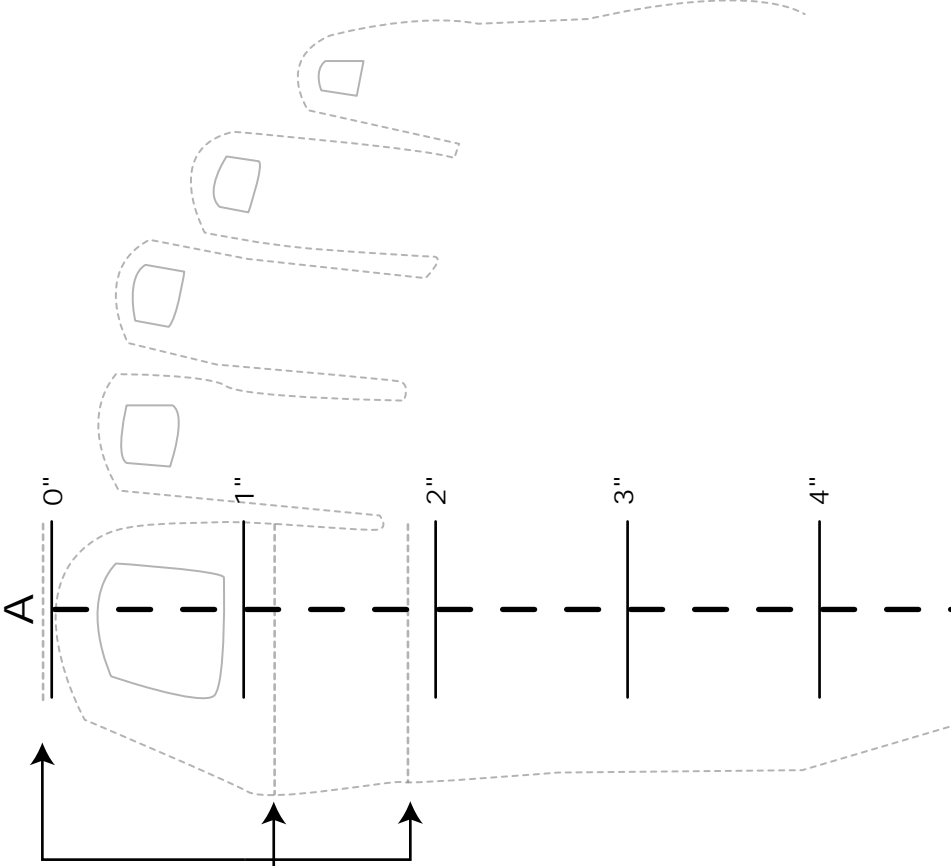
**Total length of foot from toe to posterior edge of the heel**

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

JoViPak® Custom (Made-to-Measure) & Made-to-Order  
(Right) Foot Tracing Guide

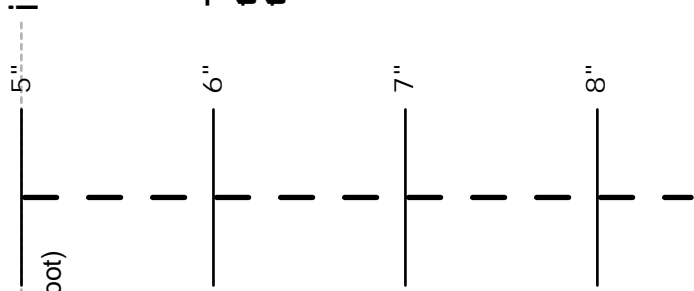


Sketch a dotted line to indicate where garment should end.



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Full Leg Form

**Medial Cuneiform**  
(highest point on top of foot)



**Total length of foot from  
toe to posterior edge of  
the heel**

Place foot directly over this guide, with tip of big toe at "0". With a black pen, trace around each toe and as much of the foot as will fit on paper. Use a ruler or measuring tape starting at "0" to determine total length of foot. (Tip of the big toe to the posterior edge of the heel.)

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