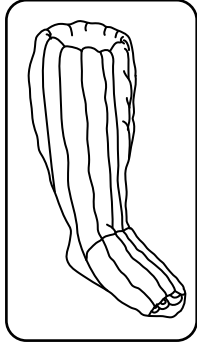
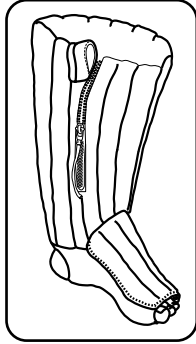


Made-to-Order JoViPak® Lower Leg Form

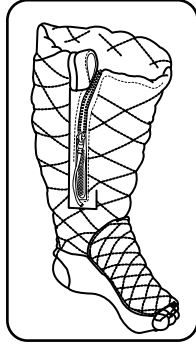
LE-AD with padded foot



LE-ADVI with vertical channels



LE-ADVI with quilted pattern



Right

Left

SIZE

Refer to JoVi size chart on back

- XSmall
- Small
- Medium
- Large
- XLarge
- 2XLarge
- 3XLarge
- 4XLarge
- 5XLarge
- 6XLarge

FABRIC

Cotton/Lycra®

- Ivory Royal Blue

Polartec® Power Dry®

- Buff Royal Blue
 Black Purple Heart
 White French Blue
 Stainless Steel (Light Grey)

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

- Glacier Blue
 Indigo Blue



NOTE: Made-to-Order garments are not returnable. If the lower leg measurements do not fall within the circumferential and length parameters listed on the back of this form, use the Custom (Made-to-Measure) form and submit measurements for each landmark. Provide foot tracing whenever possible and note amount of toe exposure.

OPTIONS

- Zipper (for LE-AD)
- Snug Fit (1/4" smaller at ankle to 1/2" at knee)
- Slimline (More channels, less foam)

FOAM TYPE

- Shredded Standard Blend
- Shredded Low ILD
- Flat Foam (Only available for ADVI w/ vertical channels)

SHOE SIZE

- Short (Size 5 - 7½)
- Regular (Size 8 - 10½)
- Long (Size 11 - 13½)

LENGTH

- Short - 15"
- Regular - 16½"
- Long - 18"
- XLong - 19½"

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

OUTER GARMENTS

Ready-Made FarrowWrap®
Please indicate size:

- Small (JoVi XSmall/Small)
- Medium (JoVi Medium/Large)
- Large (JoVi XLarge to 3XLarge)
- XLarge (JoVi 4XLarge to 6XLarge)

- JoVi Jacket (Nylon/Spandex)
Choose Color:
 Black White
- Matching Safety-Sok (with non-skid sole)
- Fashion Stocking LE-AD-FS (Nylon/Lycra® no compression, see website for styles)

Fitter/Therapist _____

Clinic/DME _____

Comment _____

Patient Name or Reference# _____

Phone _____ Date _____



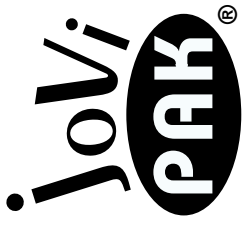
Made-To-Order JoViPak® Lower Leg Size Chart

	Least Ankle (B landmark) Circumference		Widest Calf (C landmark) Circumference		Least Knee (D landmark) Circumference	
XSmall	19cm - 20.5cm	7½ in - 8in	33cm - 35.5cm	13in - 14in	29cm - 32cm	11½ in - 12½ in
Small	20.5 - 22	8 - 8½	35.5 - 38	14 - 15	32 - 34.5	12½ - 13½
Medium	22 - 23	8½ - 9	38 - 40.5	15 - 16	34.5 - 37	13½ - 14½
Large	23 - 24	9 - 9½	40.5 - 43	16 - 17	37 - 39.5	14½ - 15½
XLarge	24 - 25.5	9½ - 10	43 - 45.5	17 - 18	39.5 - 42	15½ - 16½
2XLarge	25.5 - 27	10 - 10½	45.5 - 48	18 - 19	42 - 44.5	16½ - 17½
3XLarge	27 - 28	10½ - 11	48 - 51	19 - 20	44.5 - 47	17½ - 18½
4XLarge	28 - 29	11 - 11½	51 - 53	20 - 21	47 - 49.5	18½ - 19½
5XLarge	29 - 30.5	11½ - 12	53 - 56	21 - 22	49.5 - 52	19½ - 20½
6XLarge	30.5 - 32	12 - 12½	56 - 58.5	22 - 23	52 - 55	20½ - 21½

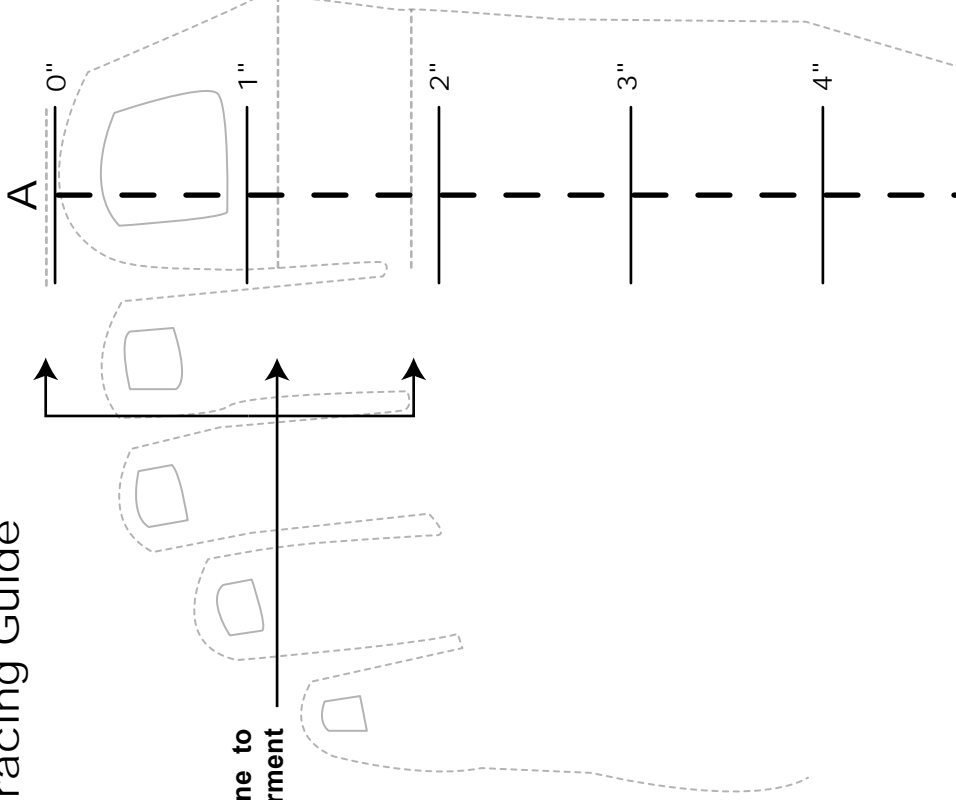
Length Measurements for JoVi LE-AD and LE-ADVI Floor (A landmark) to Least Knee (D landmark)		
Short	38cm	15in
Regular	42	16½
Long	46	18
Xlong	50	19½

FarrowWrap® Ankle Circumference			Length from Ankle to Least Knee (B to D)	
Small	19cm - 21.6cm	7½ in - 8½ in	28cm	11in
Medium	21.6 - 24.1	8½ - 9½	30	12
Large	24.1 - 27.9	9½ - 11	31	12½
XLarge	27.9 - 32	11 - 12½	33	13

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



Sketch a dotted line to indicate where garment should end.



**Fax this form
Toll Free to:
1-877-760-4943
with the Custom
(Made-to-Measure)
or Made-to-Order
Full Leg Form**

Medial Cuneiform i
(highest point on top of foot)

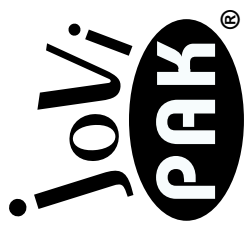
Place foot directly over this guide, with tip of big toe at "0". With a black pen, trace around each toe and as much of the foot as will fit on paper. Use a ruler or measuring tape starting at "0" to determine total length of foot. (Tip of the big toe to the posterior edge of the heel.)

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

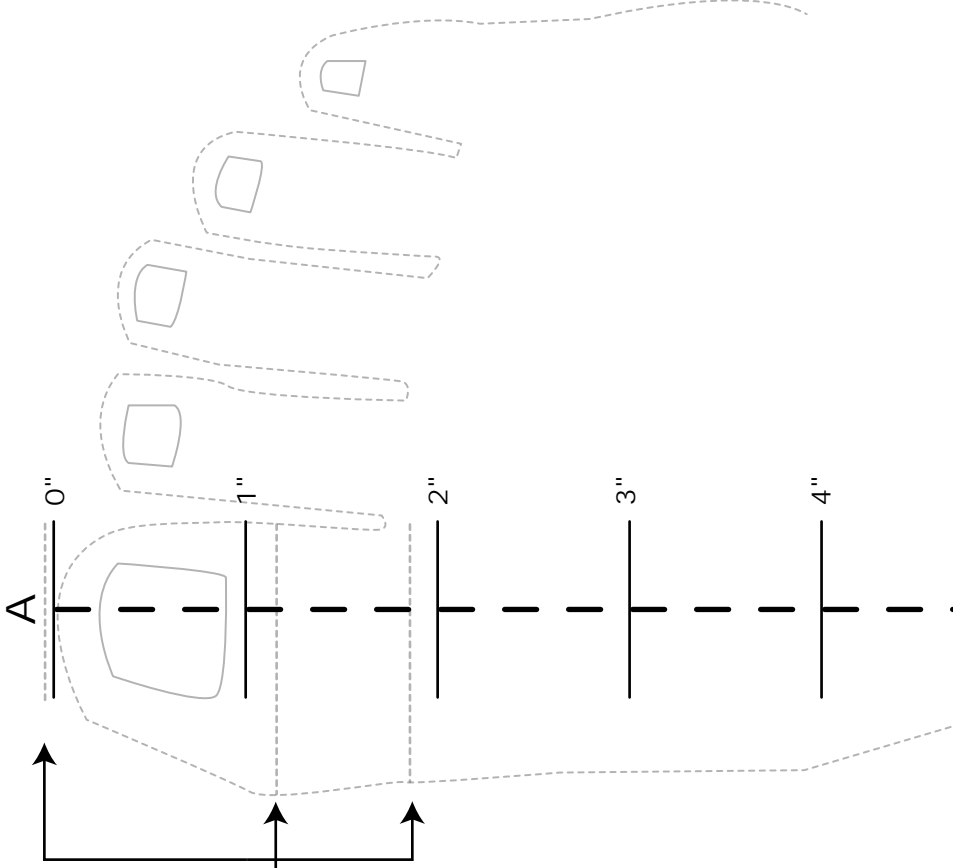
Total length of foot from toe to posterior edge of the heel

Patient Name _____ **Date** _____
or Reference# _____

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

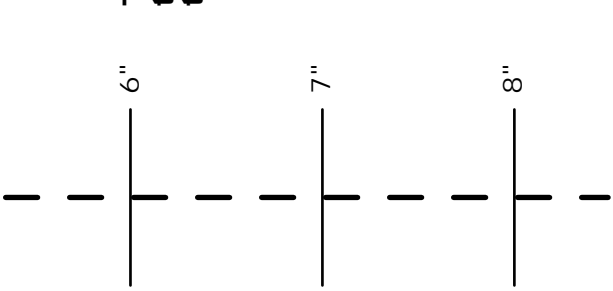


Sketch a dotted line to indicate where garment should end.



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(Made-to-Measure)
or Made-to-Order
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.)

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

Patient Name _____ **Date** _____
or Reference# _____