

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example: PT/OT/PTA)  
 Date: \_\_\_\_\_



# Shoulder-Torso Arm Sleeves Custom



Standard Two Piece Arm Sleeve with optional Bilateral Arms, Padded Torso, Arm Sling & Dorsum Zipper



Optional Padded Torso & One Piece Arm Sleeve

Garments are produced with **Slimline** channeling (more channeling & less foam than standard channeling) & as a **Two Piece** garment (separate hand). If a JoviJacket is selected, it will also be Two Piece.



Standard unpadded torso with One Piece Arm Sleeve & recommended JoViJacket

Polartec® Power Dry® Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Buff	<input type="checkbox"/> French Blue
<input type="checkbox"/> Glacier Blue	<input type="checkbox"/> Leaf Green (X-Static®)	<input type="checkbox"/> Navy Blue
<input type="checkbox"/> Pink	<input type="checkbox"/> Plum	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> White (soft pink hue)	
Polartec® Silkweight Colors		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue Ridge	

Comments:

Patient Name: \_\_\_\_\_ Previous Patient?  Yes Gender  F  M  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Left Arm  Right Arm  
 Mastectomy  Left  Right Lumpectomy  Left  Right Reconstruction  Left  Right

<b>BODY</b>		<b>ARM</b>
SS (Neck Line @ Shoulder Seam) SS <input type="text"/> SS to H (Length: Neck Line to Tip of Acromiom Process)		
Please record all measurements in centimeters.		
<p><b>Circumferences</b></p> <p>H to G to H (Arm Hole) <input type="text"/></p> <p>G (Torso @ Axilla) <input type="text"/></p> <p>N (Largest Chest) <input type="text"/></p> <p>M (Xyphoid Process) <input type="text"/></p> <p>L (Lowest Rib) (Recommended Length) <input type="text"/></p> <p>K (Natural Waist) <input type="text"/></p> <p>G to N <input type="text"/></p>		<p><b>Lengths (Medial)</b></p> <p><input type="text"/> C to H</p> <p><input type="text"/> C to G</p> <p><input type="text"/> C to F<sup>2</sup></p> <p><input type="text"/> C to F<sup>1</sup></p> <p><input type="text"/> C to F</p> <p><input type="text"/> C to E</p> <p><input type="text"/> C to D<sup>1</sup></p> <p><input type="text"/> C to D</p> <p><input type="text"/> C to B</p> <p><input type="text"/> C to A</p>
<p>Garments are produced with Slimline channeling (more channels &amp; less foam than standard channeling) and as a Two Piece garment (separate hand).</p> <p>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.</p>		
<p><b>Body Lengths (both required)</b></p> <p>G to L (Base of Axilla to Lowest Rib) OR G to K (Base of Axilla to Natural Waist) (circle which is being provided) <input type="text"/></p> <p>H to L (Shoulder to Lowest Rib) OR H to K (Shoulder to Natural Waist) (circle which is being provided) <input type="text"/></p>		

**No Charge Options**

Two Blend Foam (Low ILD)  One Piece Arm Sleeve (JoViJacket will also be One Piece)

**Additional Charge Options**

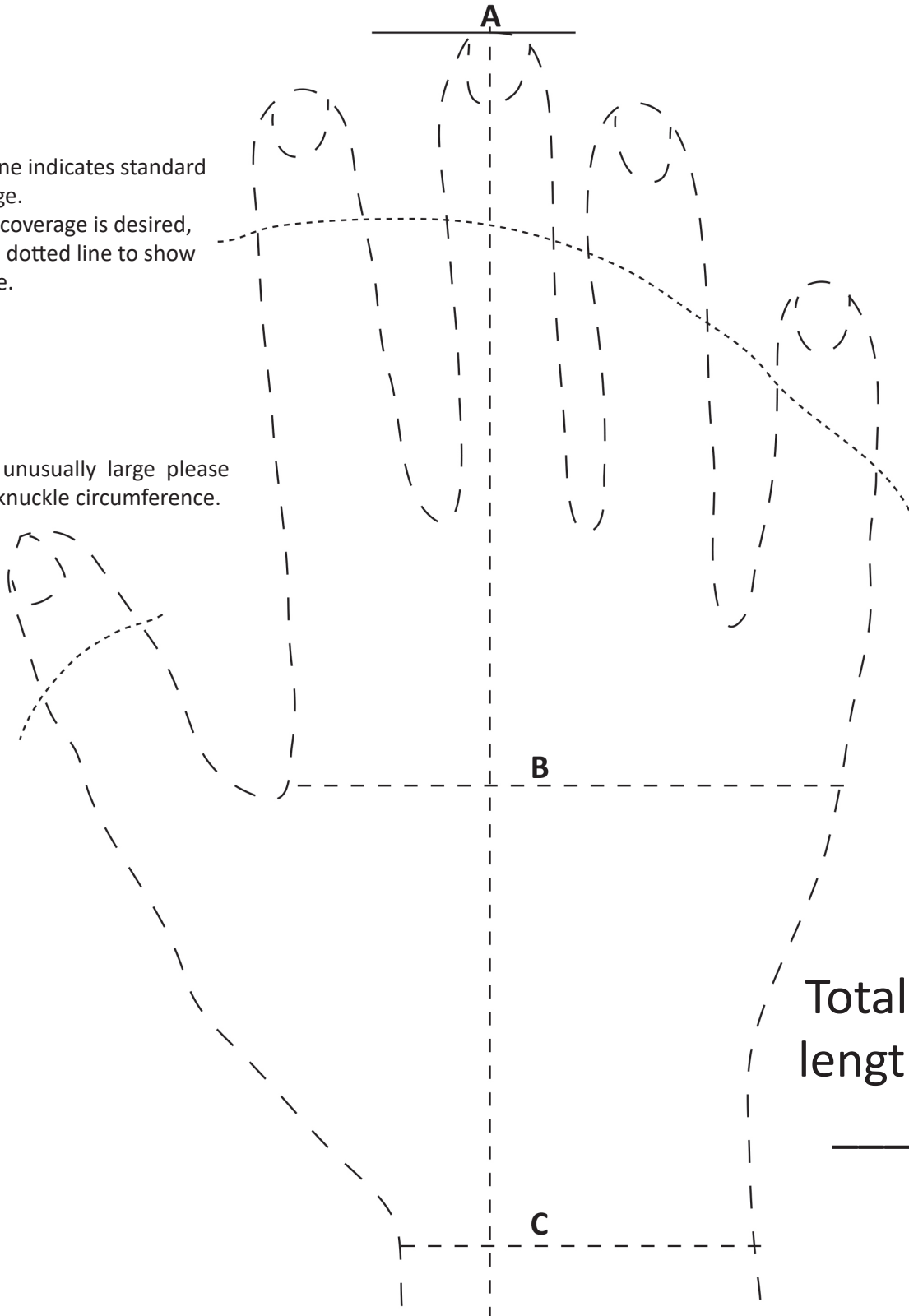
<p><b>JoViJacket - Nylon &amp; Spandex Powernet</b> <input type="checkbox"/> Black <input type="checkbox"/> White <i>(JoViJackets are recommended as additional compression is needed for maximum fit &amp; effectiveness.)</i></p> <p><b>Arm Sling</b> <input type="checkbox"/> Garment <input type="checkbox"/> JoViJacket</p> <p><input type="checkbox"/> <b>Stitched Finger Glove</b></p> <p><b>Pad (sewn in)</b> <input type="checkbox"/> Dorsum <input type="checkbox"/> Palm</p> <p><b>Torso Extension Padding</b> <input type="checkbox"/> Horizontal Channels <input type="checkbox"/> Vertical Channels</p> <p><b>Zipper</b> <input type="checkbox"/> Dorsum to mid-forearm <input type="checkbox"/> Wrist to elbow</p>	<p><b>Padded Insert</b> (equalizes pressure over mastectomy site)</p> <p>Color: <input type="checkbox"/> Black <input type="checkbox"/> Buff</p> <p>Size: <input type="checkbox"/> Small (A/B) <input type="checkbox"/> Large (D)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Medium (C) <input type="checkbox"/> XLarge (DD/E)</p> <p><input type="checkbox"/> <b>Dycem</b><sup>®</sup></p> <p><input type="checkbox"/> <b>Easy Slide</b> (for garment without Stitched Finger Glove)</p> <p><input type="checkbox"/> <b>Prepaid Reduction</b></p>
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# Custom Hand Tracing Right Hand

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

The dotted line indicates standard hand coverage.  
If a different coverage is desired, sketch a new dotted line to show that coverage.

If thumb is unusually large please provide the knuckle circumference.



Total hand length (AC)  
\_\_\_\_\_ cm



# Custom Hand Tracing Left Hand

**JoViPak**

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

