

# Custom Measurement Form for Compression Foot Portions



## Account Information (Please Print)

Account Number \_\_\_\_\_ Date \_\_\_\_\_

Account Name \_\_\_\_\_ Contact \_\_\_\_\_

Ship to Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient ID \_\_\_\_\_ Prescribing Physician \_\_\_\_\_

Quantity ..... Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right	Compression	
	18-21 mmHg	23-32 mmHg
Juzo Expert (Helastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo Expert (Helastic) Cotton (color beige)	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO
Juzo Expert (Helastic) Silver (color beige)	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV
Juzo Strong	<input type="checkbox"/> 3051	<input type="checkbox"/> 3052
Juzo Strong Silver (color beige)	<input type="checkbox"/> 3051SV	<input type="checkbox"/> 3052SV

## Colors

- Beige     Fuchsia     Blue     Gray     Dark blue     Chestnut  
 Black     Violet

## Options

- With open toes     With closed toes     Without toe stub on toe 5 (opening only)  
 Wear with a compression stocking     Yes     No

## Notes:

