

Custom Measurement Form for Compression Face Mask



36 W. Route 70, Ste 214, Marlton NJ 08053
P: 800-714-7434 F: 800-715-5422

Account Information (Please Print)

Account Number	Date	Re-order #
Account Name	Contact	
Address		
Phone	Fax	
Patient ID	P.O. Number	
Prescribing Physician		

Quantity..... piece(s)

**Compression
18-21 mmHg**

Juzo® Expert Beige Fuchsia Blue Gray
 Dark Blue Chestnut Black Violet

Juzo® Expert Silver

3021

3021SV

Length of the Neck Part

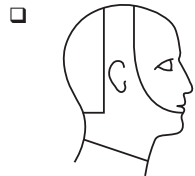
(measured in the front of the neck)

∠AB _____ cm ∠BC _____ cm ∠CD _____ cm

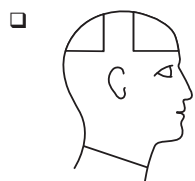
Length of the Headband

(measured from "D1" over the head to the same point on the opposite side)

∠D' D' _____ cm



Neck and Chin Bandage



Face Mask

Forehead and back of head open closed

∠EE' _____ cm

Openings for: eyes nose mouth

Nose portion knitted according to measurements: M¹ = _____ cm
M² = _____ cm

Special Request:

Neck and Chin Bandage

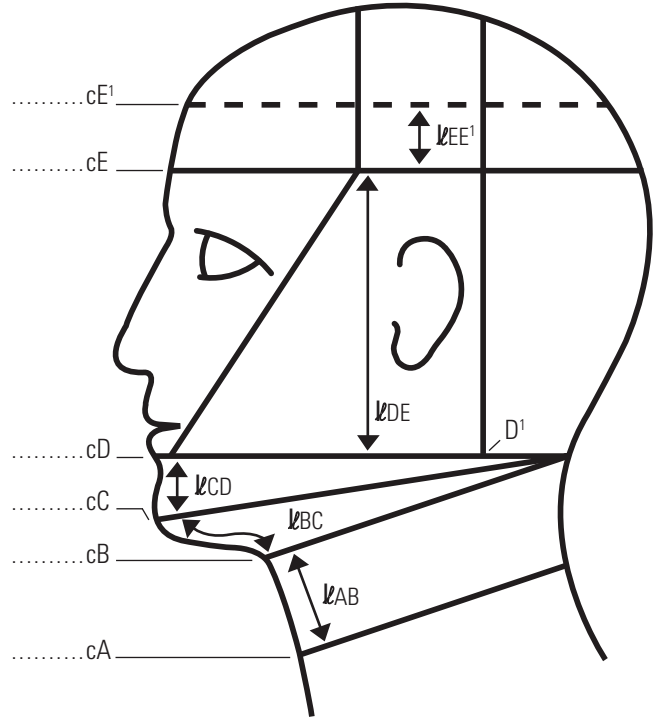
Closure Options

Hook and loop Hook and eye

Opening for Ears

yes no Height..... cm Width..... cm

Circumferences



Width and Length Measurements

K = cm

M = cm

N = cm

P = cm

S = cm

T = cm

U = cm

