

Advanced Custom Measurement Form for Circular Knit Stockings



Account Information (Please Print)

Account Number	Date
Account Name	Contact
Ship to Address	
Phone	Fax
Patient ID	P.O. Number
Prescribing Physician	

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Soft	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	
Juzo Dynamic	<input type="checkbox"/> 3511	<input type="checkbox"/> 3512	<input type="checkbox"/> 3513
Juzo Dynamic Silver	<input type="checkbox"/> 3511SV	<input type="checkbox"/> 3512SV	<input type="checkbox"/> 3513SV

Re-order #:

Order Information

Quantity: _____ Pair Piece(s)
 Extremity: Right Left Both
 Colors: _____

Styles

- AD AG AT

Silicone Border

- Silicone border

Hip Attachment

- Left Right Worn as one (need T circumference)

Body Part (worn with AG)

- 3021 (20-30 mmHg) 3022 (30-40 mmHg)
 Hook & loop closure
 Slip on

Compression Pantyhose

- Standard body part
 For maternity, measurements taken at ___ months
 Open crotch* With Fly* (for men)
 * Juzo Soft and Dynamic

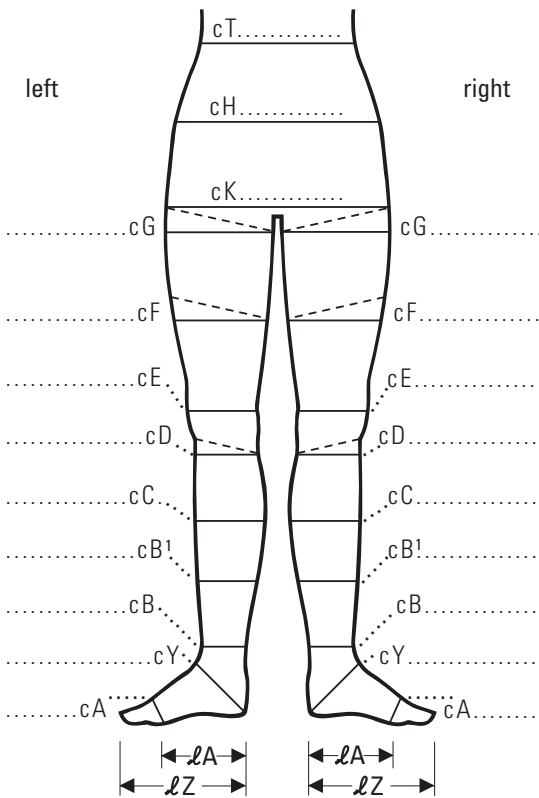
Compression Pantyhose with Leg Extension*

*Dynamic Line & Soft

Foot Portion

- Open toe* Closed toe
 * Juzo Soft & Dynamic

Circumference Measurements



Lengths

All lengths taken on the medial side of the leg

	left	right
lT
lH
lG/lK
lF
lE
lD
lC
lB1
lB
lA Open Toe
lZ Full Foot

Special requests: