



Advanced Custom Measurement Form for Circular Knit Stockings

Phone: 1 800 222-4999

Fax: 1 800 645-2519

Account Information (Please Print)

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

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

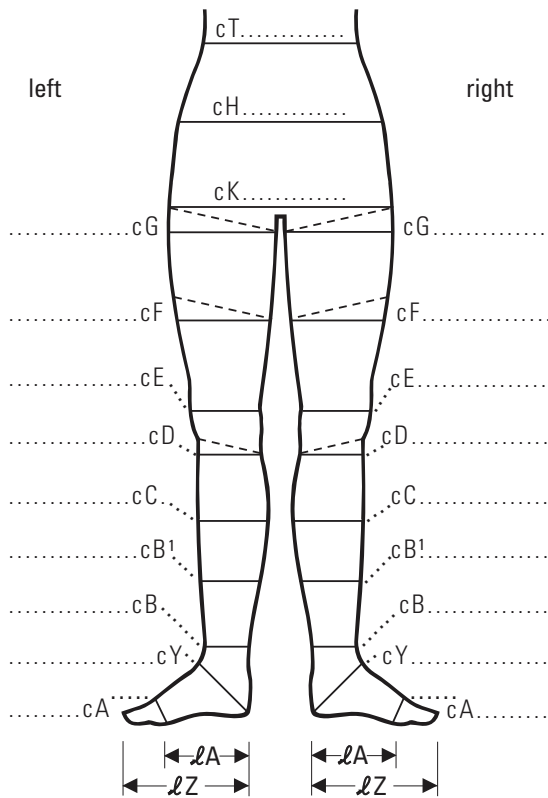
Open toe* Closed toe
 * Juzo Soft & Dynamic

Please Select

	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Hostess	<input type="checkbox"/> 2501	<input type="checkbox"/> 2502	
Juzo Hostess (with high elastic body part)	<input type="checkbox"/> 2581	<input type="checkbox"/> 2582	
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 #:

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: