

Phone: 1 800 222-4999  
 Fax: 1 800 645-2519


### 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)	<b>Compression 18-21 mmHg</b>
Juzo® Expert <input type="checkbox"/> Beige <input type="checkbox"/> Fuchsia <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Dark Blue <input type="checkbox"/> Chestnut <input type="checkbox"/> Black <input type="checkbox"/> Violet	<input type="checkbox"/> 3021
Juzo® Expert Silver	<input type="checkbox"/> 3021SV

**Length of the Neck Part**  
 (measured in the front of the neck)  
 $\ell_{AB}$  \_\_\_\_\_ cm     $\ell_{BC}$  \_\_\_\_\_ cm     $\ell_{CD}$  \_\_\_\_\_ cm

**Length of the Headband**  
 (measured from "D1" over the head to the same point on the opposite side)  
 $\ell_{D^1 D^1}$  \_\_\_\_\_ cm

 **Neck and Chin Bandage**

 **Face Mask**

Forehead and back of head  open  closed  
 $\ell_{EE^1}$  \_\_\_\_\_ cm

Openings for:  eyes  nose  mouth

Nose portion knitted according to measurements:  $M^1 =$  \_\_\_\_\_ cm  
 $M^2 =$  \_\_\_\_\_ cm

Special Request:

### Neck and Chin Bandage

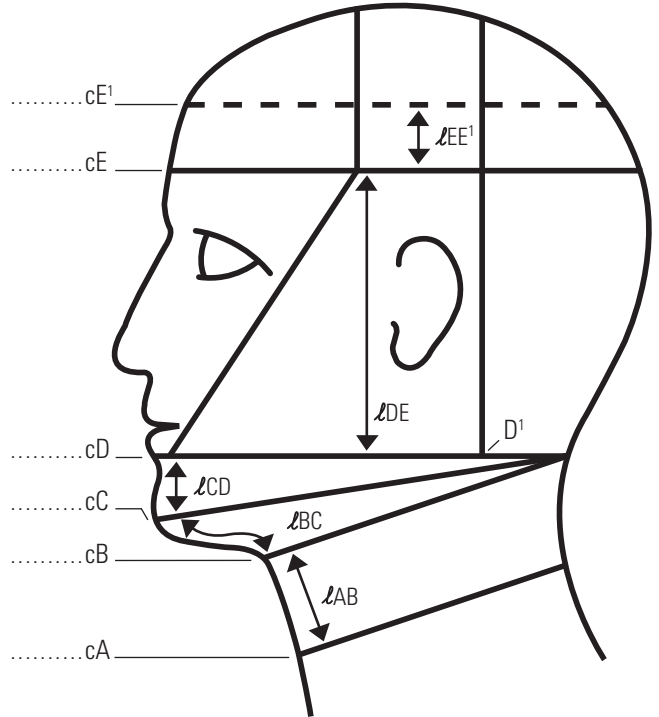
#### Closure Options

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

