



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

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:

