

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

Account Information (Please Print)

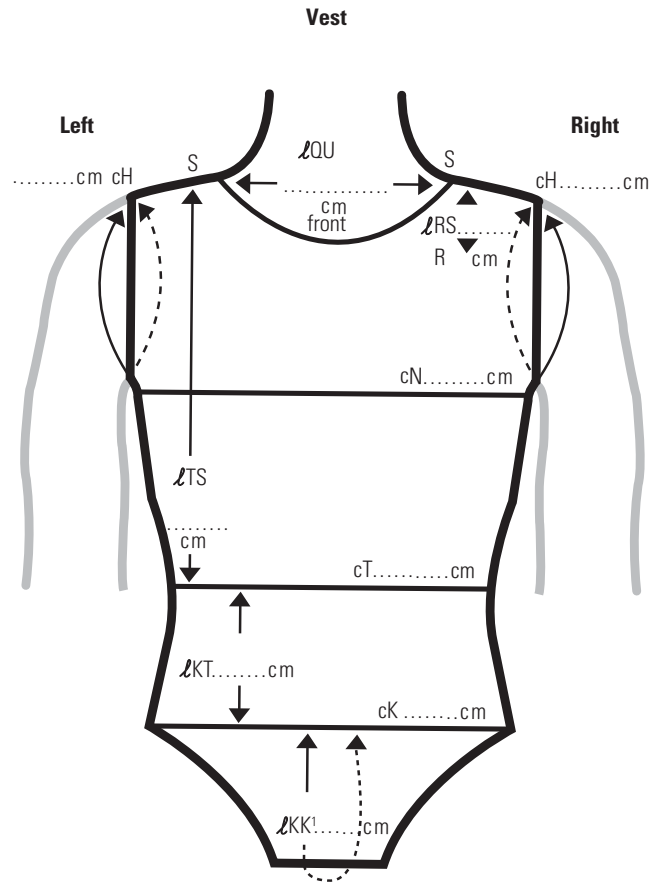
Account Number	Date	Re-order #
Account Name	Contact	
Ship to Address		
Phone	Fax	
Patient ID	P.O. Number	
Prescribing Physician		

Quantity..... piece(s)	Compression	
	18-21 mmHg	23-32 mmHg
Juzo® Expert	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
<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		
Juzo® Expert Silver (beige)	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV

Styles & Options:

- Opening: Mid front Mid back
 With zipper With hook & loop closure
- Slip on
- With arm sleeve
- Without arm sleeve
- Breast opening, cup size _____
- Breast cup seamless, cup size _____
- Pocket for prosthetic left right
- Stand up collar
- Neck circumference _____ cm
- Stand up collar height _____ cm
 (In this case, measurements \angle QU & \angle RS are not needed)
- Attached on a body part of a compression AT pantyhose
 (for hook and loop closure at "T" please attach pantyhose measurement form)
- Silicone border at "T"
- With crotch panel (KK) (28cm length, 10cm width)
- Crotch panel closed with hook & eye fastener

Special requests: _____



Arm Sleeves / Arm Sleeve Extensions

