

Custom Measurement Form for Circular Knit Stockings

Please fully complete the form with legible data.
Missing or illegible data will delay the processing of your order. Please contact us with any questions or assistance in completing the form.

Account Information (Please Print)

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

Please Select	18-21 mmHg	23-32 mmHg	34-46 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
Juzo Move (AD & AG)	<input type="checkbox"/> 3611	<input type="checkbox"/> 3612	

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 (18-21 mmHg) 3022 (23-32 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

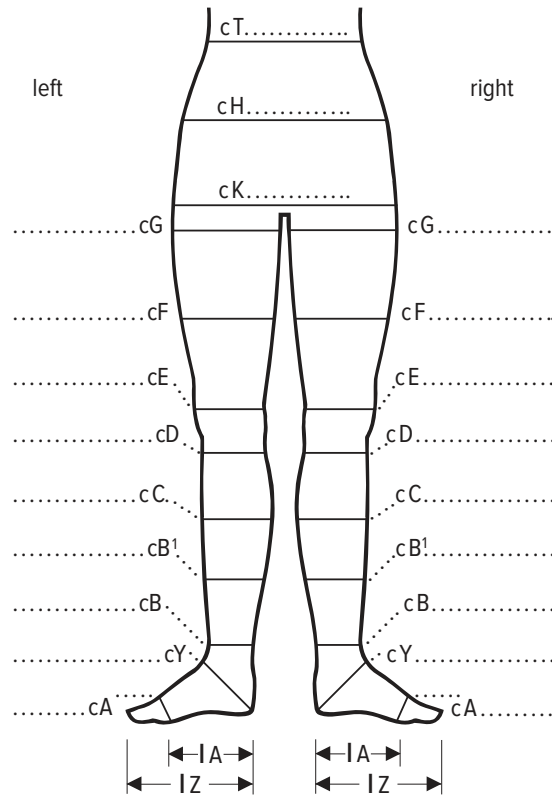
Compression Pantyhose with Leg Extension*

*Dynamic Line & Soft

Foot Portion

Open toe Closed toe

Circumference Measurements



Lengths

All lengths taken on the medial side of the leg

	left	right
IT
IH
IG/I K
IF
IE
ID
IC
IB'
IB
IA Open Toe
IZ Full Foot

Special request: