

# Custom Measurement Form for Compression Foot Portions



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 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:

