



Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____



ADVANCED CUSTOM MEASUREMENT FORM FOR CIRCULAR KNIT STOCKINGS

| Please Select | 20-30 mmHg | 30-40 mmHg | 40-50 mmHg |
|--|---------------------------------|---------------------------------|---------------------------------|
| Juzo Hostess | <input type="checkbox"/> 2501 | <input type="checkbox"/> 2502 | |
| Juzo Hostess (with high elastic body part) | <input type="checkbox"/> 2581 | <input type="checkbox"/> 2582 | |
| 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 |

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 (20-30 mmHg) 3022 (30-40 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

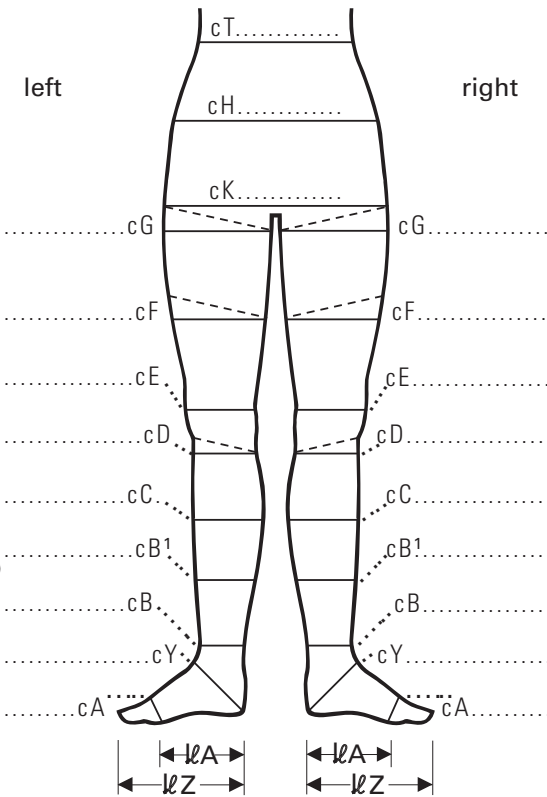
Compression Pantyhose with Leg Extension*

*Dynamic Line & Soft

Foot Portion

Open toe* Closed toe
 * Juzo Soft & Dynamic

Circumference Measurements



Lengths

All lengths taken on the medial side of the leg

| | left | right |
|--------------|-------|-------|
| lT | | |
| lH | | |
| lG/lEK | | |
| lF | | |
| lE | | |
| lD | | |
| lC | | |
| lB1 | | |
| lB | | |
| lA Open Toe | | |
| lZ Full Foot | | |

Special requests: