

Custom Measurement Form for Compression Arm Sleeves



Phone: (800) 863-5935
 Fax: (772) 589-0306

Account Information (Please Print)

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

Order Information

Quantity: _____ Piece(s) Left Right

Circular Knit			20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Soft (with silicone)	Beige	Black	2001	2002	
	White	Chestnut			
Seasonal color _____					
Juzo Dynamic	Beige	Black	3511	3512	3513
	Chestnut				
Seasonal color _____			3561SV	3562SV	3563SV

Juzo Dynamic Silver

Flat Knit			18-21 mmHg	23-32 mmHg	34-46 mmHg
Juzo Strong			3051	3052	3053
Juzo Strong Silver (Beige)			3051SV	3052SV	3053SV
Juzo Expert			3021	3022	3023
Juzo Expert Silver (Beige)			3021SV	3022SV	3023SV
Juzo Expert Cotton			3021CO	3022CO	3023CO

Circular Knit Styles & Options

CG **CH** with shoulder cap and strap **CH** with shoulder cap and hook & loop to bra (Dynamic)
 Beaded silicone border (CG)

Flat Knit Styles & Options

CG Beaded silicone border Slant top (Standard on Strong)
 Straight top (Standard on Expert) Seam on the outside (with elbow dart)
 Elbow dart (Standard Strong, typically not needed for Expert)
 Silver comfort patch (placed on seam side, medial)
 Smooth comfort patch (placed on seam side, medial)

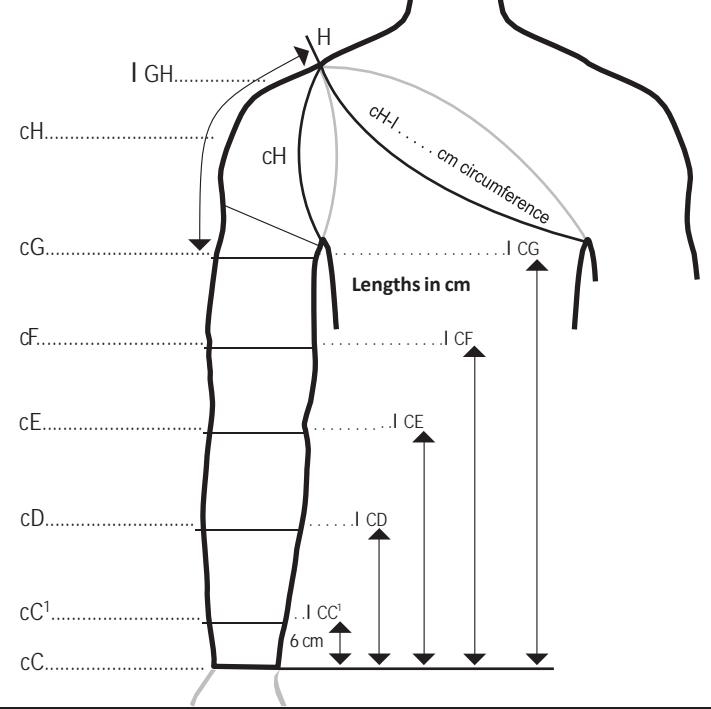
CH with shoulder cap and strap Elbow dart (typically not needed for Expert)
 Silver comfort patch (placed on seam side)
 Smooth comfort patch (placed on seam side)

CH with shoulder cap and velcro to bra Elbow dart (typically not needed for Expert)
 Silver comfort patch (placed on seam side)
 Smooth comfort patch (placed on seam side)

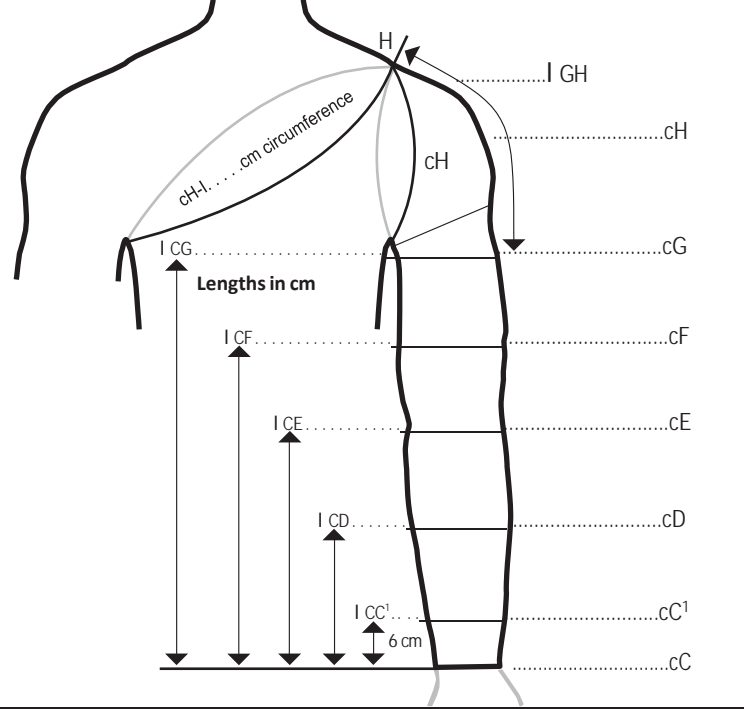
Colors (for Juzo Strong & Juzo Expert)

Beige Fuchsia Blue Dark Blue Gray Chestnut
 Black Violet

Left



Right



Custom Measurement Form for Compression Face Mask

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Phone	Fax	
Patient ID	RD. Number	
Prescribing Physician		


Quantity..... piece(s)	Compression 18-21 mmHg
Juzo Expert <input type="radio"/> Beige <input type="radio"/> Fuchsia <input type="radio"/> Blue <input type="radio"/> Gray <input type="radio"/> Dark Blue <input type="radio"/> Chestnut <input type="radio"/> Black <input type="radio"/> Violet	<input type="checkbox"/> 3021 <input type="checkbox"/> 3021SV
Juzo Expert Silver	

Length of the Neck Part
 (measured in the front of neck)

AB _____ cm BC _____ cm CD _____ cm

Length of the Headband
 (measured from "D1" over the head to the same point on the opposite side)

D¹ D¹ _____ cm

 **Neck and Chin Bandage**

 **Face Mask**

Forehead and back of head open closed
 EE¹ _____ cm

Openings for: eyes nose mouth

Nose portion knitted according to measurements: M¹ = _____ cm
 M² = _____ cm

Special Request:

Neck and Chin Bandage

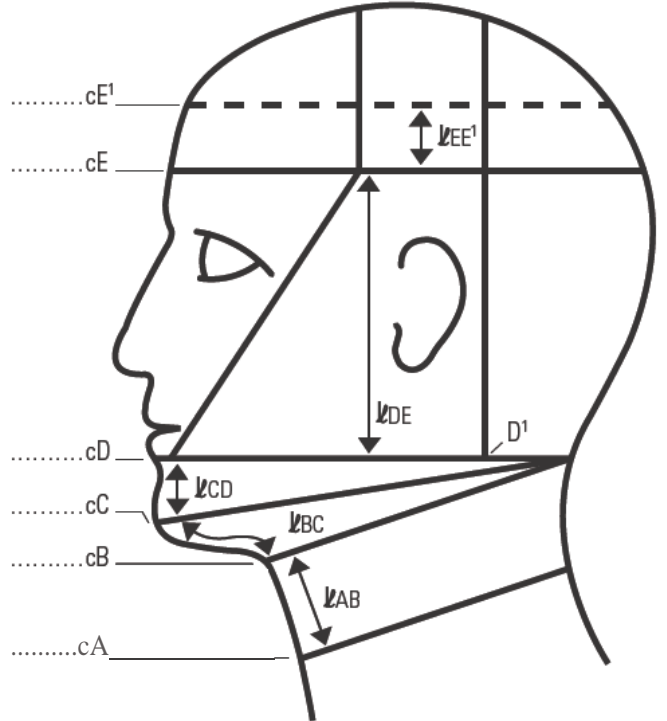
Closure Options

Hook and loop Hook and eye

Opening for Ears

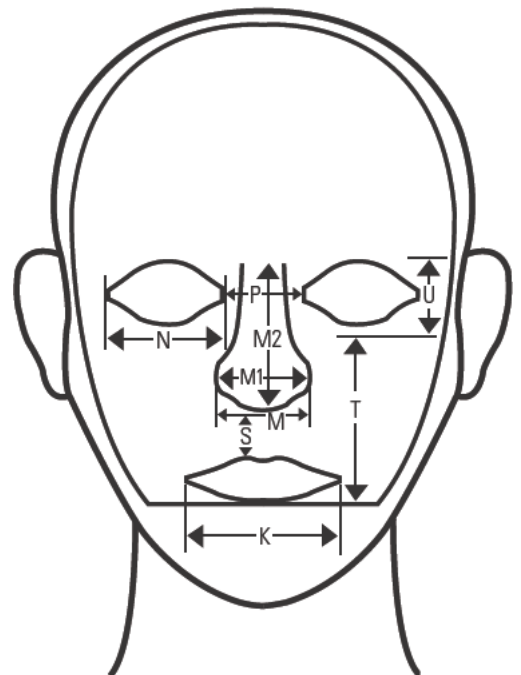
yes no Height:cm Width:cm

Circumferences



Width and Length Measurements

K =cm
 M =cm
 N =cm
 P =cm
 S =cm
 T =cm
 U =cm



Custom Measurement Form for Compression Gloves / Gauntlets



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Quantity	Piece(s)	Left	Right	Compression	
				18-21 mmHg	23-32 mmHg
Juzo® Expert				3021	3022
Juzo® Expert Cotton (color beige)				3021CO	3022CO
Juzo® Expert Silver (color beige)				3021SV	3022SV
Juzo® Strong				3051	3052
Juzo® Strong Silver (color beige)				3051SV	3052SV

Colors

Beige Fuchsia Blue Gray
 Dark blue Chestnut Black Violet

Styles

Worn with sleeve: yes no

- Gauntlet with thumb stub (AC)
- Glove with finger stubs (ACFS)
- Glove with closed fingers (ACFS)

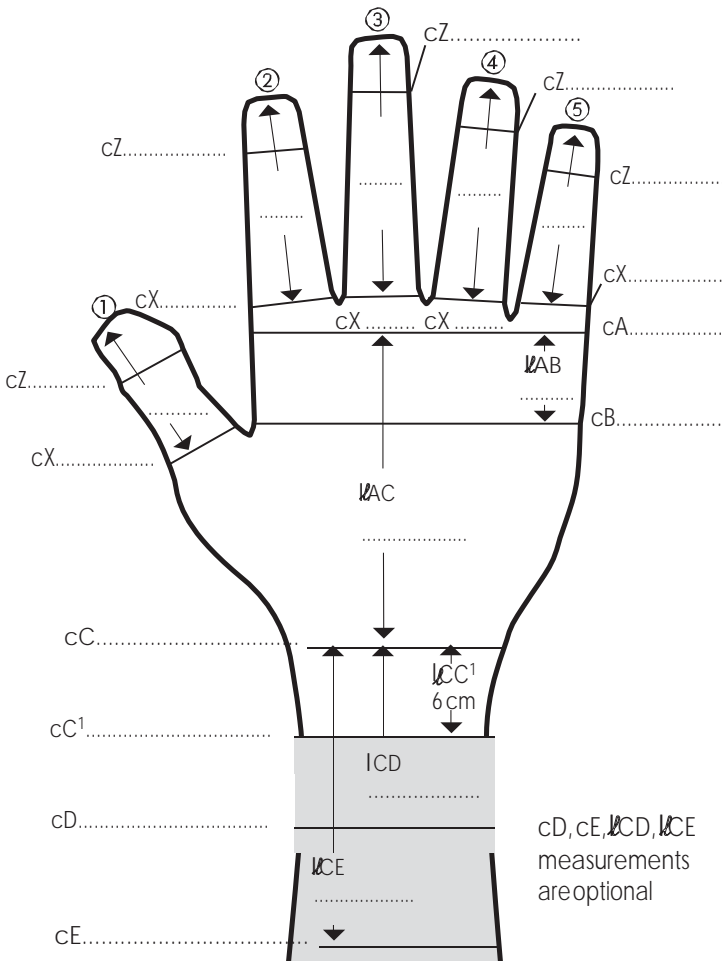
Options

- Wrist extension
- Pressure pad regular extended sewn in
- Attached pocket of pressure pad dorsal palm
- Silver comfort patch at the thumb webbing
- Smooth comfort patch at the thumb webbing

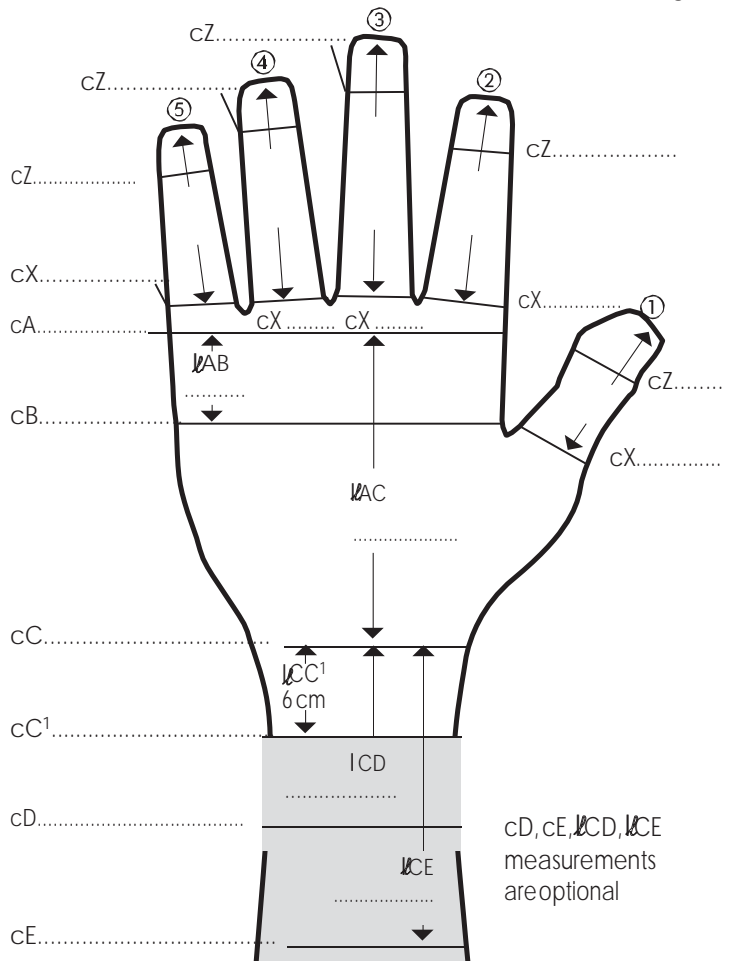
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Phone	Fax
Patient ID	P.O. Number
Prescribing Physician	
Re-order # & Date	
Special requests: _____	

Left



Right



Custom Measurement Form for Compression Vests

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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"/> 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 ∇QU & ∇RS are not needed)

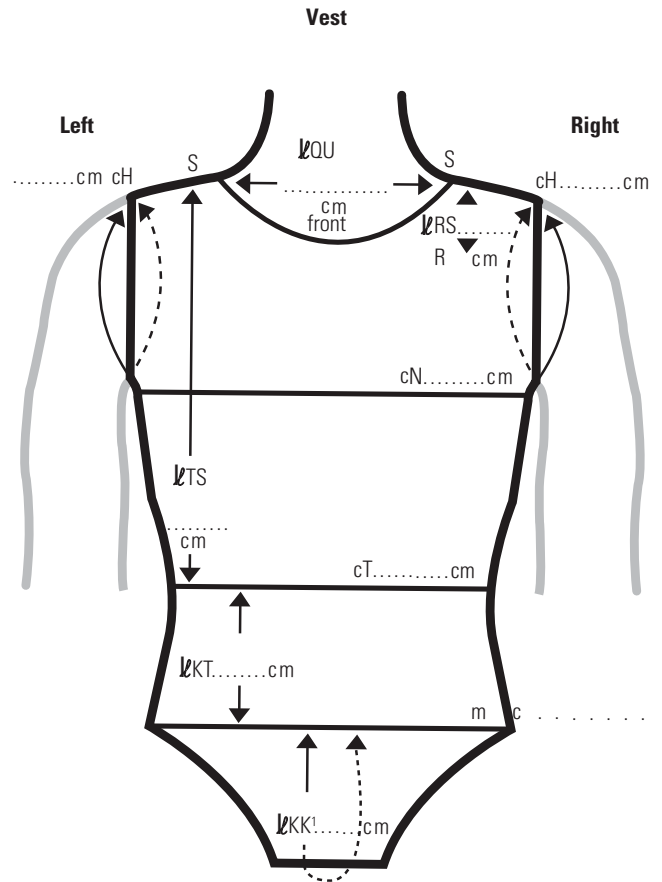
Attached on a body part of a compression AT pantyhose (for hook and loop closure at "T" please attach pantyhose measurement form)

Silicone border at "T"

With crotch panel (KK) (28cm length, 10cm width)

Crotch panel closed wth hook & eye fastener

Special requests:



Arm Sleeves / Arm Sleeve Extensions

