

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Date: _____

Advanced Custom Measurement Form for Circular Knit Stockings

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

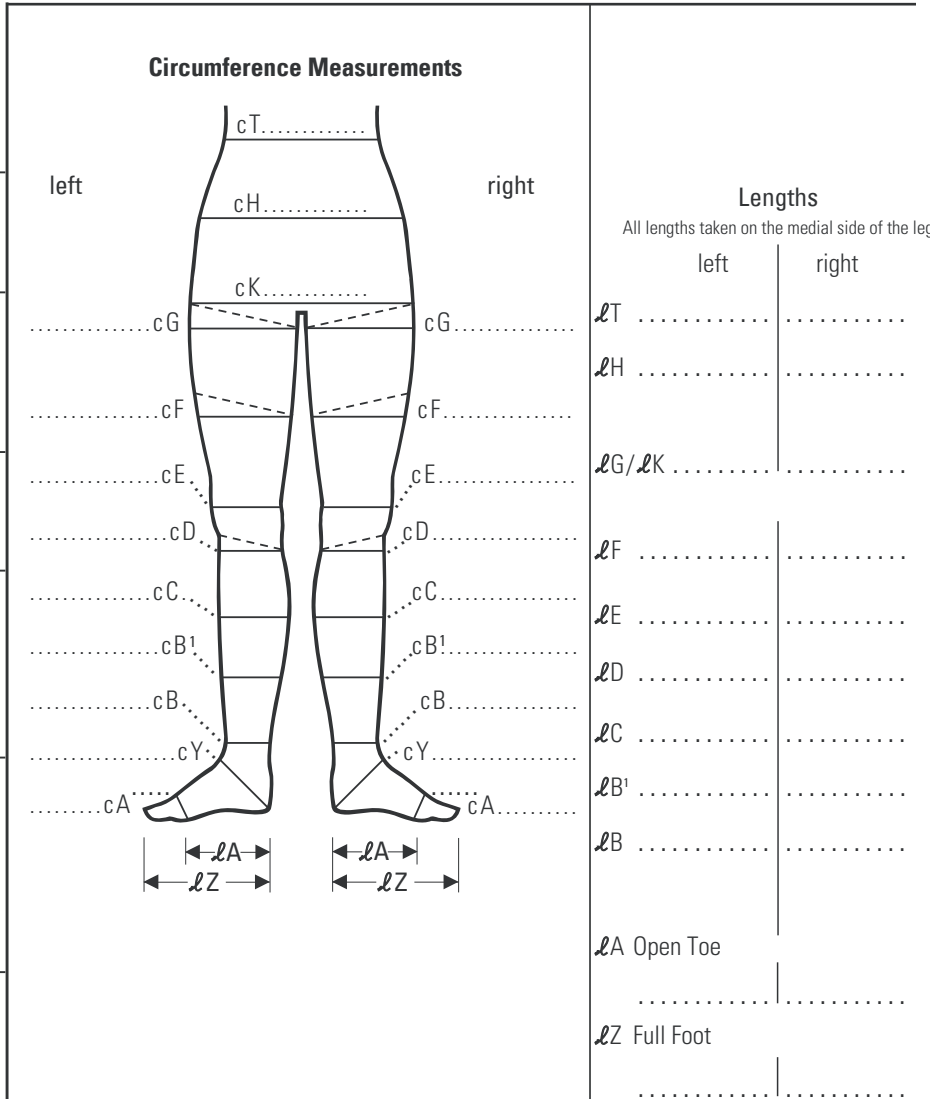
Compression Pantyhose with Leg Extension*

*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/lK
lF
lE
lD
lC
lB1
lB
lA Open Toe
lZ Full Foot

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Hostess	2501	2502	
Juzo Hostess (with high elastic body part)	2581	2582	
Juzo Soft	2001	2002	
Juzo Dynamic	3511	3512	3513
Juzo Dynamic Silver	3511SV	3512SV	3513SV

Special requests: