

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

Custom Measurement Form for Compression Face Mask

Neck and Chin Bandage

Closure Options

Hook and loop Hook and eye

Opening for Ears

yes no Height cm Width cm

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

Length of the Neck Part

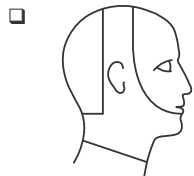
(measured in the front of the neck)

ℓ_{AB} cm ℓ_{BC} cm ℓ_{CD} cm

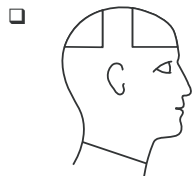
Length of the Headband

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

$\ell_{D^1 D^1}$ cm



Neck and Chin Bandage



Face Mask

Forehead and back of head open closed

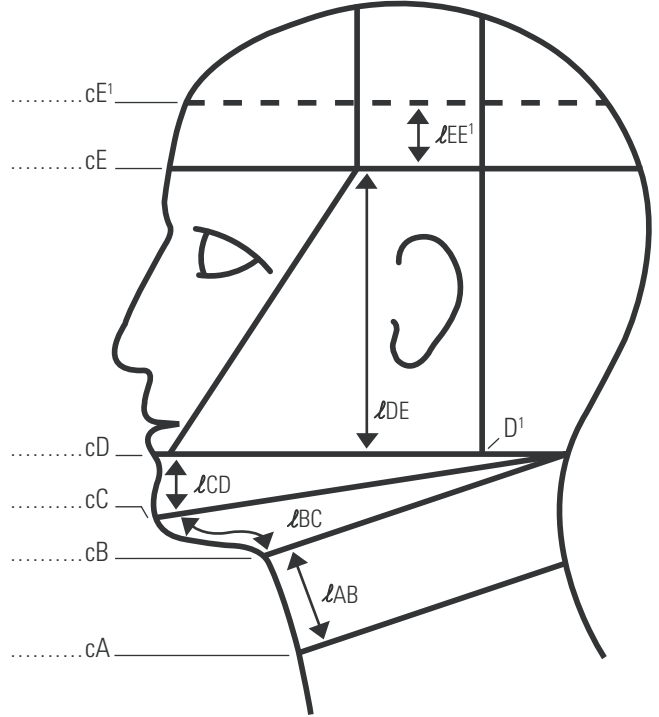
ℓ_{EE^1} cm

Openings for: eyes nose mouth

Nose portion knitted according to measurements: M^1 = cm
 M^2 = cm

Special Request:

Circumferences



Width and Length Measurements

K = cm

M = cm

N = cm

P = cm

S = cm

T = cm

U = cm

