

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

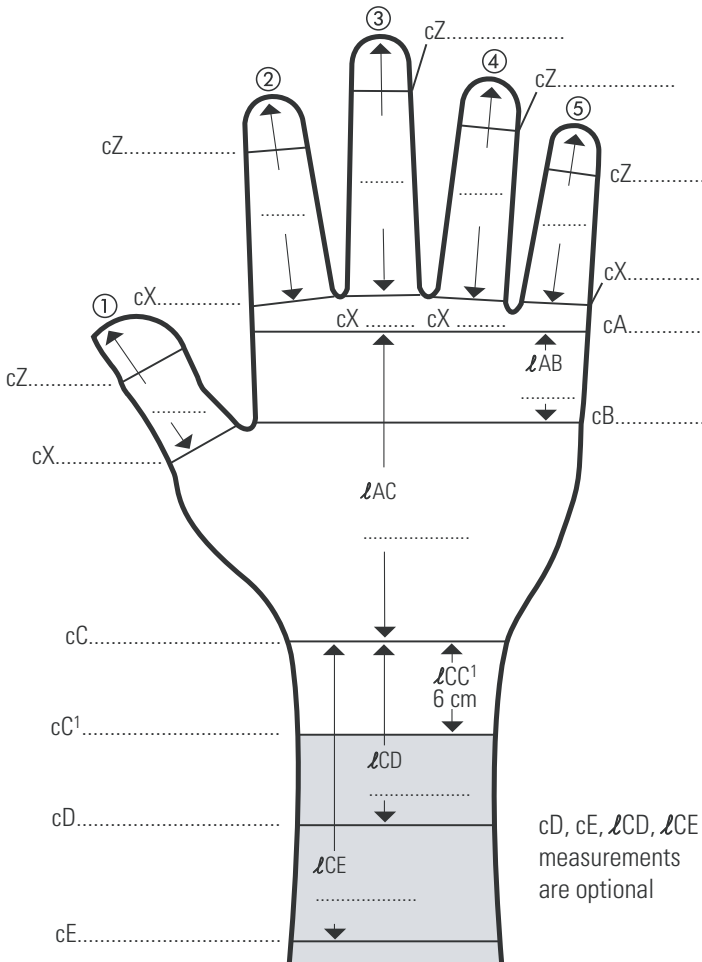
## Custom Measurement Form for Compression Gloves / Gauntlets

Re-order # & Date

<b>Quantity</b> ..... Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right  Juzo® Expert Juzo® Expert Cotton (color beige) Juzo® Expert Silver (color beige)  Juzo® Strong Juzo® Strong Silver (color beige)	<b>Compression</b>		<b>Colors</b> <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  <b>Styles</b> <input type="checkbox"/> Gauntlet with thumb stub (AC) <input type="checkbox"/> Glove with finger stubs (ACFS) <input type="checkbox"/> Glove with closed fingers (ACFS)
	18-21 mmHg	23-32 mmHg	
	<input type="checkbox"/> 3021 <input type="checkbox"/> 3022 <input type="checkbox"/> 3021CO <input type="checkbox"/> 3022CO <input type="checkbox"/> 3021SV <input type="checkbox"/> 3022SV  <input type="checkbox"/> 3051 <input type="checkbox"/> 3052 <input type="checkbox"/> 3051SV <input type="checkbox"/> 3052SV	<b>Worn with sleeve:</b> <input type="checkbox"/> yes <input type="checkbox"/> no  Special requests:	

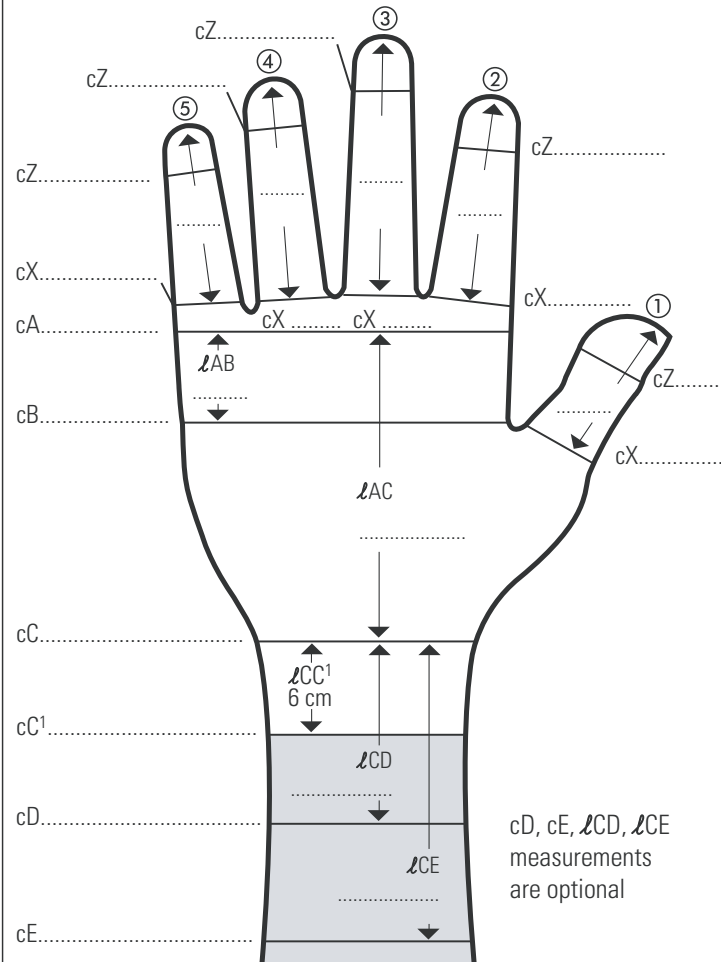
- Options**
- Wrist extension
  - Pressure pad  regular  extended  sewn in
  - Attached pocket of pressure pad  dorsal  palm
  - Silver comfort patch at the thumb webbing
  - Smooth comfort patch at the thumb webbing

**Left**



cD, cE, ΔCD, ΔCE measurements are optional

**Right**



cD, cE, ΔCD, ΔCE measurements are optional