

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

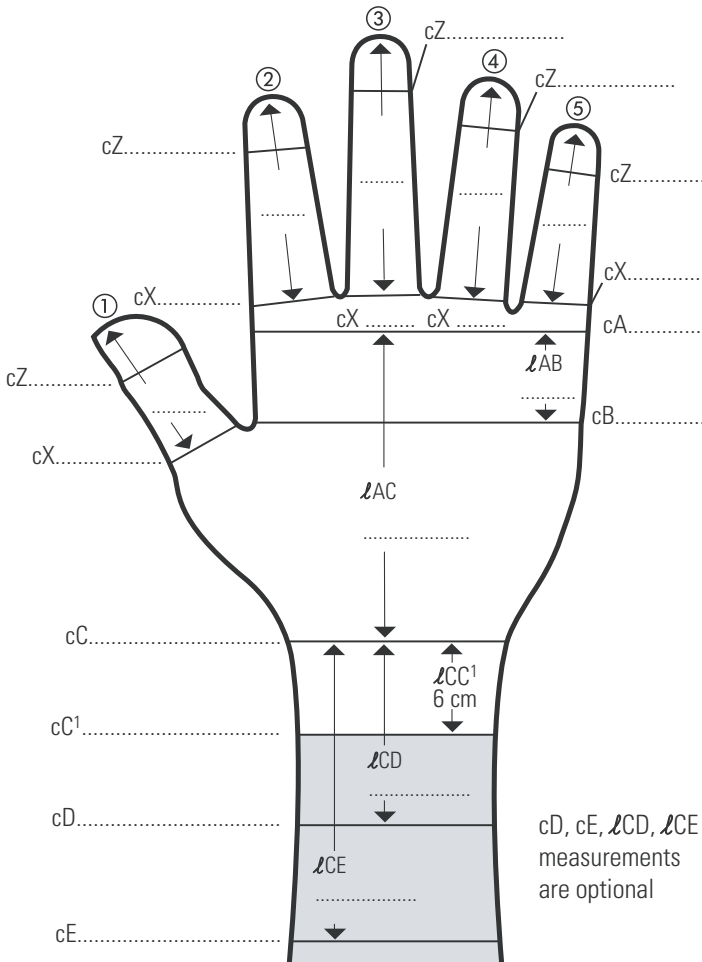
Custom Measurement Form for Compression Gloves / Gauntlets

Re-order # & Date

<p>Quantity Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>Juzo® Expert</p> <p>Juzo® Expert Cotton (color beige)</p> <p>Juzo® Expert Silver (color beige)</p> <p>Juzo® Strong</p> <p>Juzo® Strong Silver (color beige)</p>	<p>Compression</p> <table border="1" style="margin: auto;"> <thead> <tr> <th>18-21 mmHg</th> <th>23-32 mmHg</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 3021</td> <td><input type="checkbox"/> 3022</td> </tr> <tr> <td><input type="checkbox"/> 3021CO</td> <td><input type="checkbox"/> 3022CO</td> </tr> <tr> <td><input type="checkbox"/> 3021SV</td> <td><input type="checkbox"/> 3022SV</td> </tr> <tr> <td><input type="checkbox"/> 3051</td> <td><input type="checkbox"/> 3052</td> </tr> <tr> <td><input type="checkbox"/> 3051SV</td> <td><input type="checkbox"/> 3052SV</td> </tr> </tbody> </table>	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	<p>Colors</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Beige</td> <td><input type="checkbox"/> Fuchsia</td> <td><input type="checkbox"/> Blue</td> <td><input type="checkbox"/> Gray</td> </tr> <tr> <td><input type="checkbox"/> Dark blue</td> <td><input type="checkbox"/> Chestnut</td> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Violet</td> </tr> </table> <p>Styles</p> <p><input type="checkbox"/> Gauntlet with thumb stub (AC)</p> <p><input type="checkbox"/> Glove with finger stubs(ACFS)</p> <p><input type="checkbox"/> Glove with closed fingers (ACFS)</p> <p style="text-align: right;">Worn with sleeve: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Special requests:</p>	<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
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																					
<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																			

- 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



Right

