Custom Measurement Form for Compression Vests

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To Order Online: orders@absolutemedical.com
Our website: absolutemedical.com

Patient Name: _____

Fitter Name: _____

Date: _____

Quantity..... piece(s)					Compression 18-21 mmHg	Compression 23-32 mmHg
Juzo® Expert	Beige	Fuchsia	Blue	Gray	3021	3022
	Dark Blue	Chestnut	Black	Violet		
Juzo® Expert Silver (beige)					3021SV	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 ℓ QU & ℓ 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)

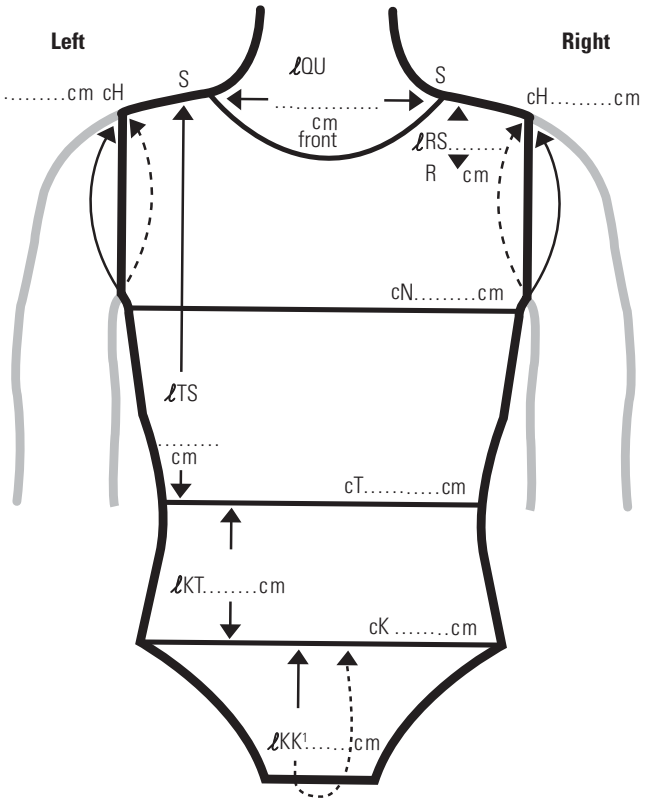
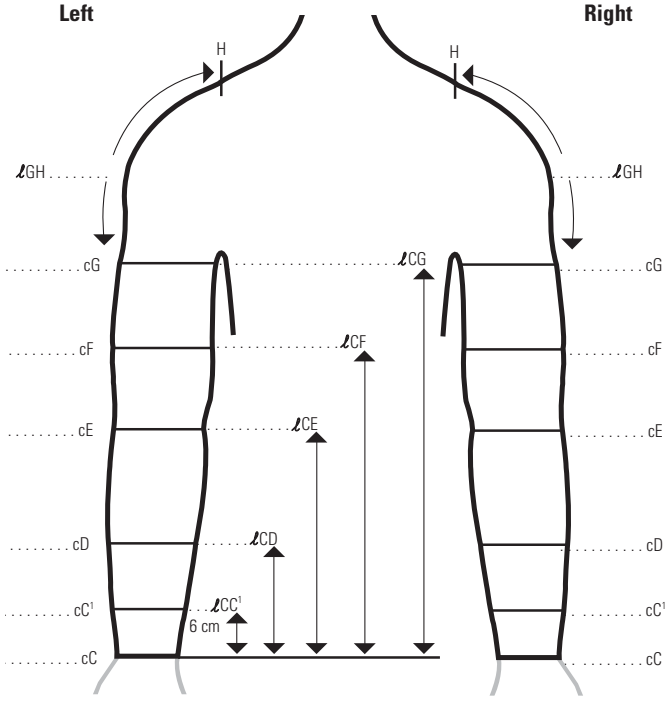
Crotch panel closed wth hook & eye fastener

Special requests: _____

_____

_____

Vest



Arm Sleeves / Arm Sleeve Extensions