

Custom Measurement Form for Compression Gloves / Gauntlets



Phone: 1 800 222-4999

Fax: 1 800 645-2519

Quantity Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right	Compression	
	18-21 mmHg	23-32 mmHg
Juzo® Expert	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo® Expert Cotton (color beige)	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO
Juzo® Expert Silver (color beige)	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV
Juzo® Strong	<input type="checkbox"/> 3051	<input type="checkbox"/> 3052
Juzo® Strong Silver (color beige)	<input type="checkbox"/> 3051SV	<input type="checkbox"/> 3052SV

Account Information (Please Print)

Account Number _____ Date _____

Account Name _____ Contact _____

Ship to Address _____

Phone _____ Fax _____

Patient ID _____ P.O. Number _____

Prescribing Physician _____

Re-order # & Date _____

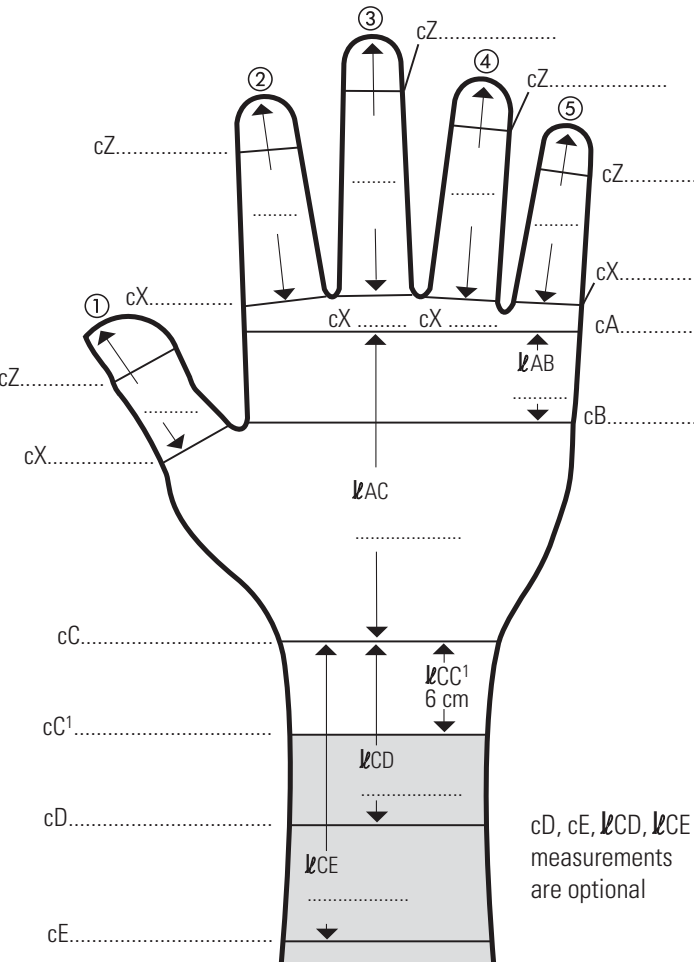
Special requests: _____

- Colors**
- Beige Fuchsia Blue Gray
- Dark blue Chestnut Black Violet

- Styles**
- Gauntlet with thumb stub (AC)
- Glove with finger stubs(ACFS)
- Glove with closed fingers (ACFS)
- Worn with sleeve:** yes no

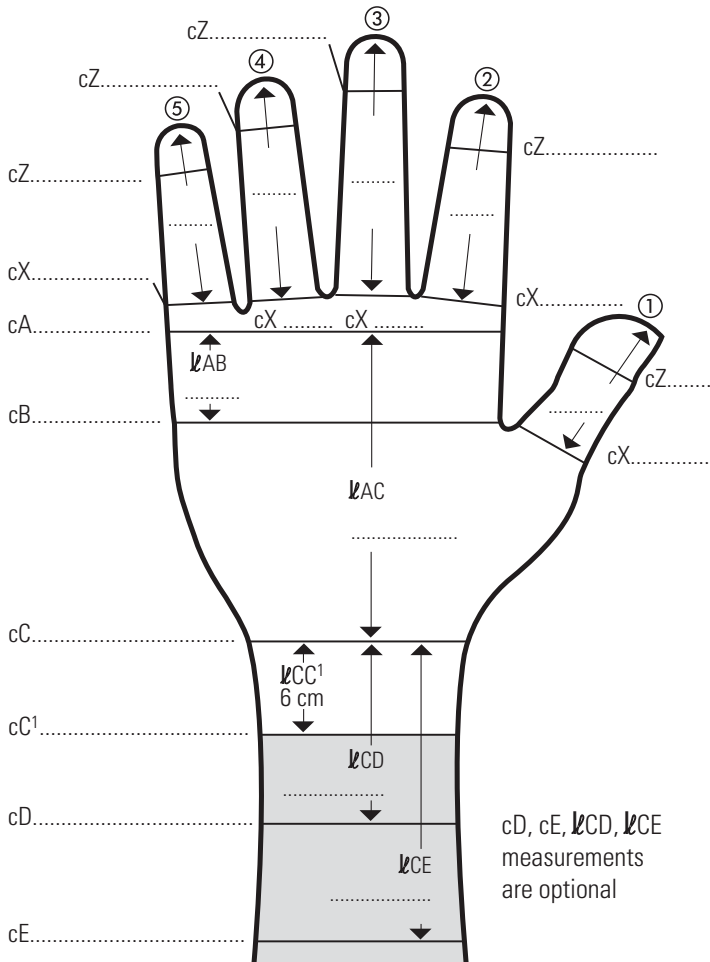
- Options**
- Wrist extension
- Pressure pad regular extended sewn in
- Attached pocket of pressure pad dorsal palm
- Silver comfort patch at the thumb webbing
- Smooth comfort patch at the thumb webbing

Left



cD, cE, lCD, lCE measurements are optional

Right



cD, cE, lCD, lCE measurements are optional