

# Custom Measurement Form for Compression Gloves / Gauntlets



Phone: 1 800 222-4999

Email: [customercare@juzousa.com](mailto:customercare@juzousa.com)

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

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

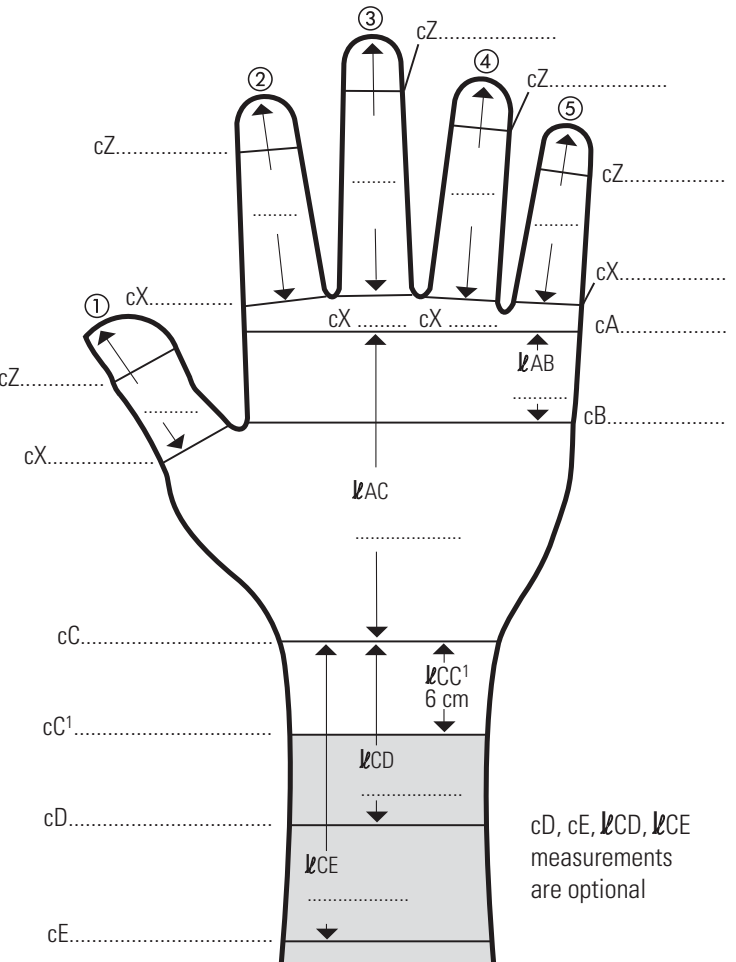
- Styles**
- Gauntlet with thumb stub (AC)  
 Glove with finger stubs(ACFS)  
 Glove with closed fingers (ACFS)
- Worn with sleeve:**  yes     no

- 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

**Account Information (Please Print)**

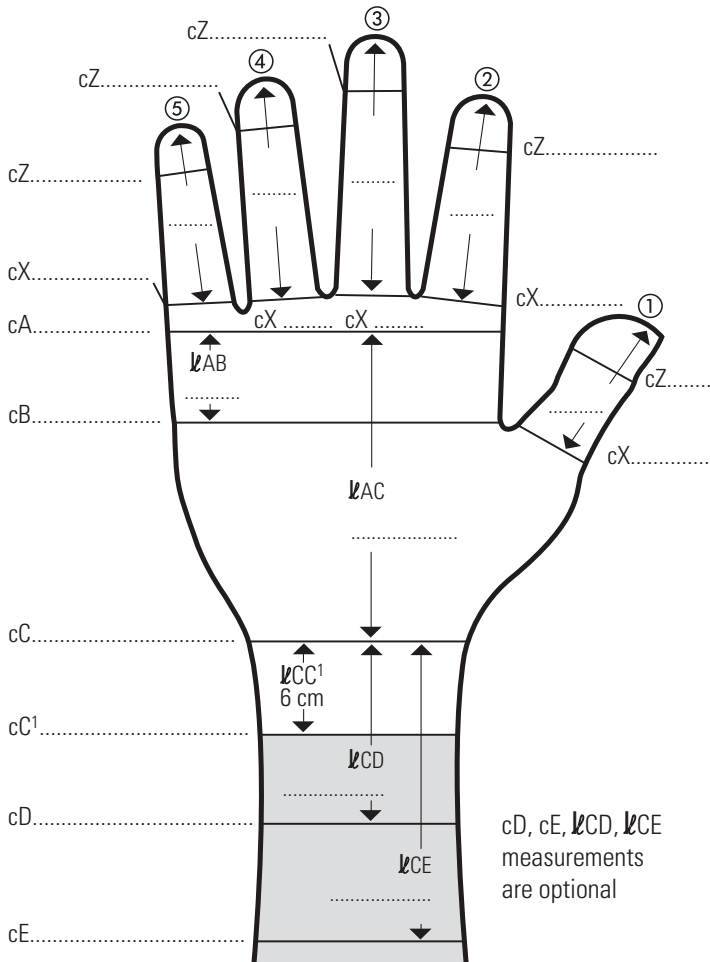
Account Number	Date
Account Name	Contact
Ship to Address	
Phone	Fax
Patient ID	P.O. Number
Prescribing Physician	
Re-order # & Date	
Special requests: _____	
_____	
_____	

**Left**



cD, cE, lCD, lCE measurements are optional

**Right**



cD, cE, lCD, lCE measurements are optional