



Custom Measurement Form for Circular Knit Stockings

Phone: 1 800 222-4999

Email: customercare@juzousa.com

Account Information (Please Print)

Account Number	Date
Account Name	Contact
Ship to Address	
Phone	Fax
Patient ID	P.O. Number
Prescribing Physician	

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Soft	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	
Juzo Dynamic	<input type="checkbox"/> 3511	<input type="checkbox"/> 3512	<input type="checkbox"/> 3513
Juzo Dynamic Silver	<input type="checkbox"/> 3511SV	<input type="checkbox"/> 3512SV	<input type="checkbox"/> 3513SV
Juzo Move (AD & AG)	<input type="checkbox"/> 3611	<input type="checkbox"/> 3612	

Re-order:

Order Information

Quantity: _____ Pair Piece(s)

Extremity: Right Left Both

Colors: _____

Styles

AD AG AT

Silicone Border

Silicone border

Hip Attachment

Left Right Worn as one (need T circumference)

Body Part (worn with AG)

3021 (20-30 mmHg) 3022 (30-40 mmHg)

Hook & loop closure

Slip on

Compression Pantyhose

Standard body part

For maternity, measurements taken at _____ months

Open crotch* With Fly* (for men)

* Juzo Soft and Dynamic

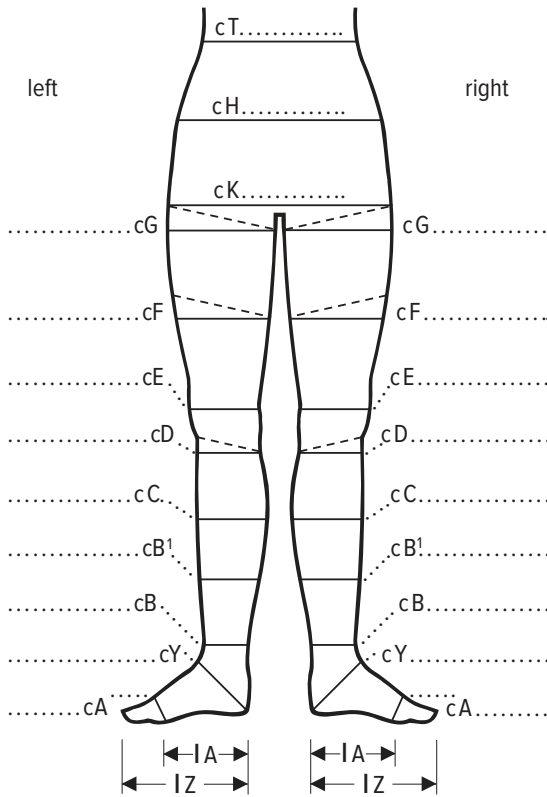
Compression Pantyhose with Leg Extension*

*Dynamic Line & Soft

Foot Portion

Open toe Closed toe

Circumference Measurements



Lengths

All lengths taken on the medial side of the leg

	left	right
IT
IH
IG/I K
IF
IE
ID
IC
IB'
IB
IA Open Toe
IZ Full Foot

Special request: