



Custom Measurement Form for Circular Knit Stockings

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Account Information (Please Print)

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

Please Select	18-21 mmHg	23-32 mmHg	34-46 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"/> 3513S V
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 (18-21 mmHg) 3022 (23-32 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

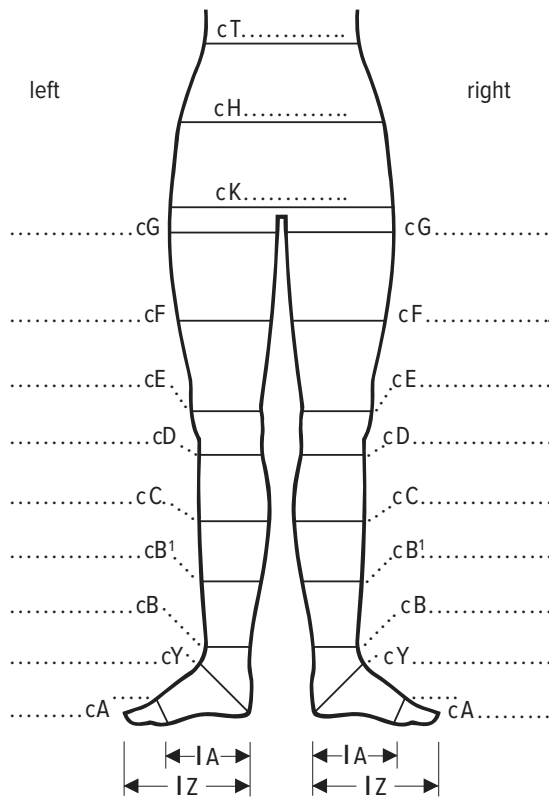
Compression Pantyhose with Leg Extension*

*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: