



Custom Measurement Form for Compression Face Mask & Accessories

Phone: 1 800 222-4999
 Email: customercare@juzousa.com

Account Information (Please Print)

Account Number	Date	Re-order#
Account Name	Contact	
Address		
Phone	Fax	
Patient ID	P.O. Number	
Prescribing Physician		
Quantity..... piece(s)	Compression 18-21 mmHg	
Juzo® Expert <input type="checkbox"/> Beige <input type="checkbox"/> Fuchsia <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Dark Blue <input type="checkbox"/> Chestnut <input type="checkbox"/> Black <input type="checkbox"/> Violet	<input type="checkbox"/> 3021	
Juzo® Expert Silver	<input type="checkbox"/> 3021SV	

Length of the Neck Part

(measured in the front of the neck)

IAB _____ cm IBC _____ cm ICD _____ cm

Length of the Headband

(measured from "D1" over the head to the same

point on the opposite side) |D'-D'| _____ cm IDE _____ cm

Neck and Chin Bandage



Face Mask

Forehead and back of head open closed

|EE'| _____ cm

Openings for: eyes nose mouth

Nose portion knitted according to measurements: M¹ = _____ cm

M² = _____ cm

Special Request:

Neck and Chin Bandage

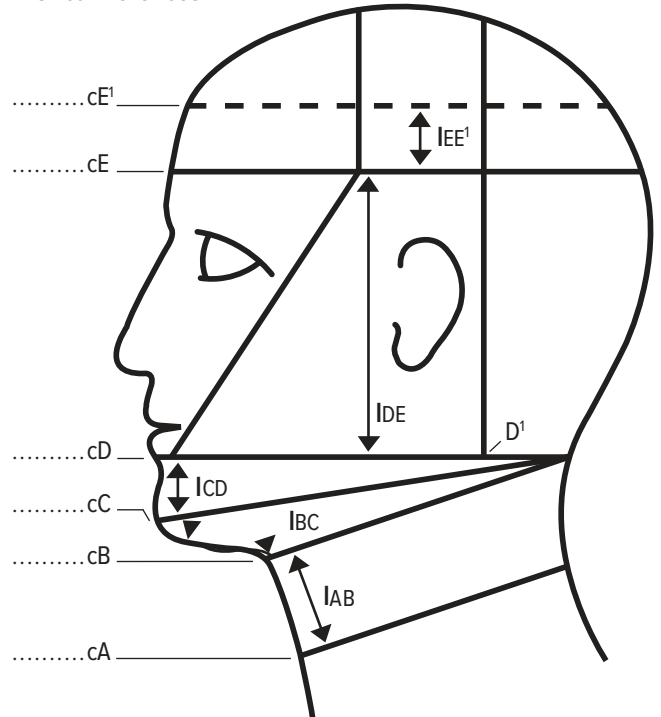
Closure Options

Hook and loop Hook and eye

Opening for Ears

yes no Height cm Width cm

Circumferences



Width and Length Measurements

K = cm

M = cm

N = cm

P = cm

S = cm

T = cm

U = cm

