

# Custom Measurement Form for Compression Face Mask



Phone: 1 800 222-4999

Fax: 1 800 645-2519

## 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)	<b>Compression 18-21 mmHg</b>
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

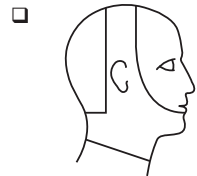
(measured in the front of the neck)

∅AB \_\_\_\_\_ cm    ∅BC \_\_\_\_\_ cm    ∅CD \_\_\_\_\_ cm

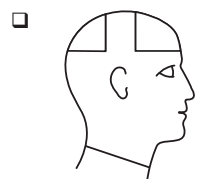
## Length of the Headband

(measured from "D1" over the head to the same point on the opposite side)

∅D1 D1 \_\_\_\_\_ cm



## Neck and Chin Bandage



## Face Mask

Forehead and back of head  open  closed

∅EE1 \_\_\_\_\_ cm

Openings for:  eyes  nose  mouth

Nose portion knitted according to measurements: M<sup>1</sup> = \_\_\_\_\_ cm  
M<sup>2</sup> = \_\_\_\_\_ cm

Special Request:

## Neck and Chin Bandage

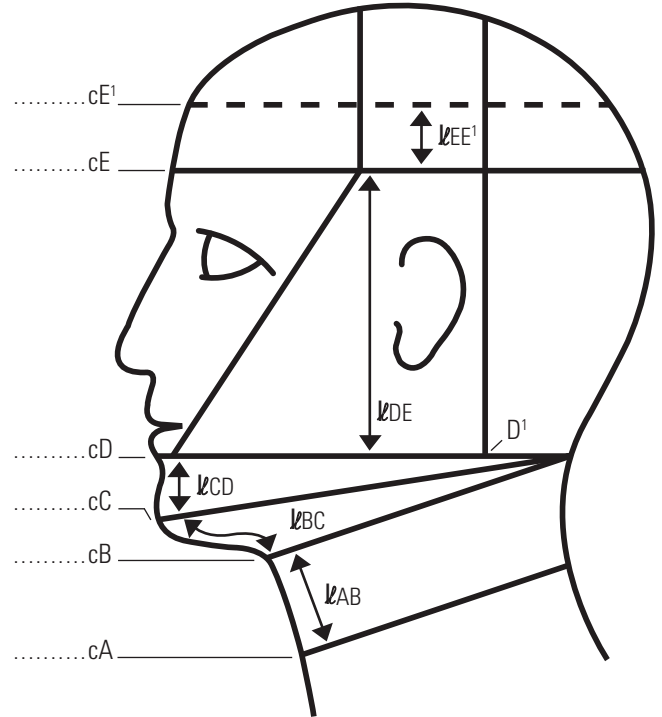
### Closure Options

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

