

Custom Measurement Form for Compression Foot Portions



Phone: 1 800 222-4999

Fax: 1 800 645-2519

Account Information (Please Print)

Account Number _____ Date _____

Account Name _____ Contact _____

Ship to Address _____

Phone _____ Fax _____

Patient ID _____ Prescribing Physician _____

Quantity Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right	Compression	
	18-21 mmHg	23-32 mmHg
Juzo Expert (Helastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo Expert (Helastic) Cotton (color beige)	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO
Juzo Expert (Helastic) 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

Options

With open toes With closed toes Without toe stub on toe 5 (opening only)

Wear with a compression stocking Yes No

Notes:

