Custom Measurement Form for Compression Vests & Accessories

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

Account Information (Please Print)

Account Number | Date | Re-order#

Account Name | Contact

Ship to Address

Phone | Fax

Patient ID | P.O. Number

Prescribing Physician

Quantity..... piece(s)					Compression 18-21 mmHg	Compression 23-32 mmHg
Juzo® Expert	Beige	Fuchsia	Blue	Gray	3021	3022
	Dark Blue	Chestnut	Black	Violet		
Juzo® Expert Silver (beige)					3021SV	3022SV

Styles & Options:

Opening: Mid front Mid back

With zipper With hook & loop closure

Slip on

With arm sleeve

Without arm sleeve

Breast opening, cup size_____

Breast cup seamless, cup size_____

Pocket for prosthetic left right

Stand up collar

Neck circumference_____cm

Stand up collar height_____cm

(In this case, measurements ℓ QU & ℓ RS are not needed)

Attached on a body part of a compression AT pantyhose
(for hook and loop closure at "T" please attach pantyhose measurement form)

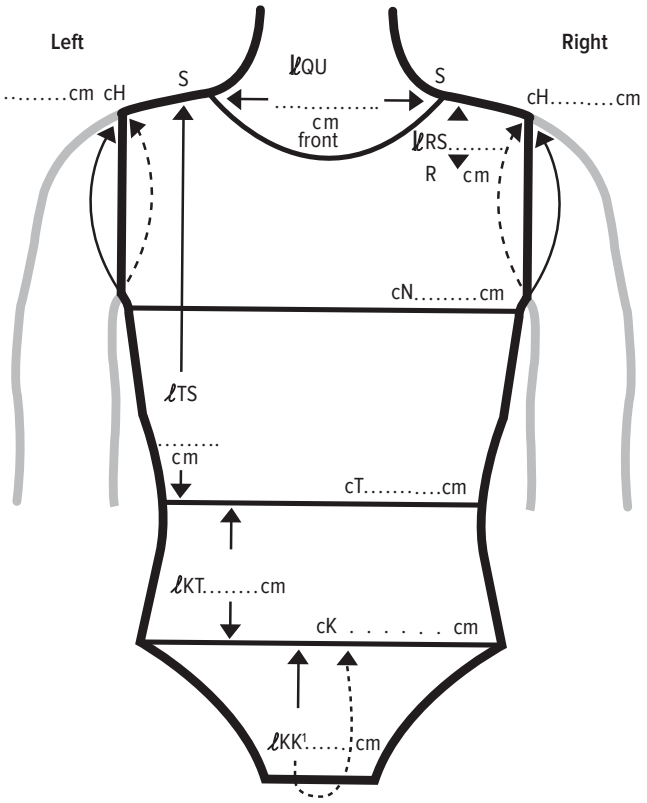
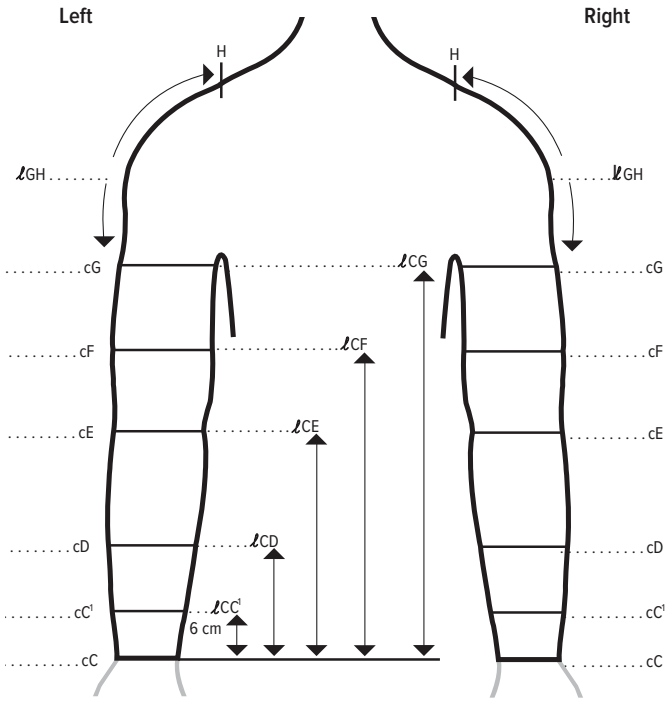
Silicone border at "T"

With crotch panel (KK) (28cm length, 10cm width)

Crotch panel closed wth hook & eye fastener

Special requests:

Vest



Arm Sleeves / Arm Sleeve Extensions