



Custom Measurement Form for Compression Face Mask

Adaptive

Together We Can Adapt to Challenges in Life

Fax (860)323-8002
Phone (860)207-8268



Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

| 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)

∠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: M¹ = _____ cm

M² = _____ cm

Special Request: _____

Neck and Chin Bandage

Closure Options

☐ Hook and loop

☐ Hook and eye

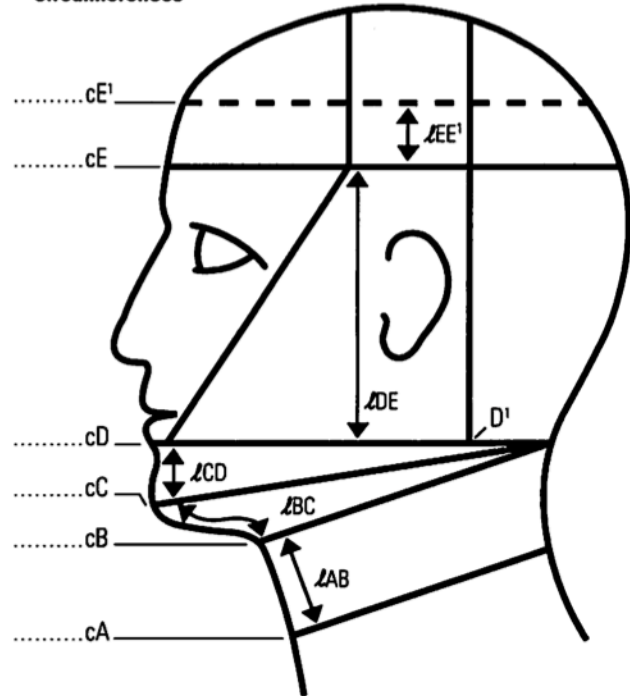
Opening for Ears

☐ 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

