



Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

Quantity..... piece(s)	Compression	
	18-21 mmHg	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 \angle QU & \angle RS are not needed)

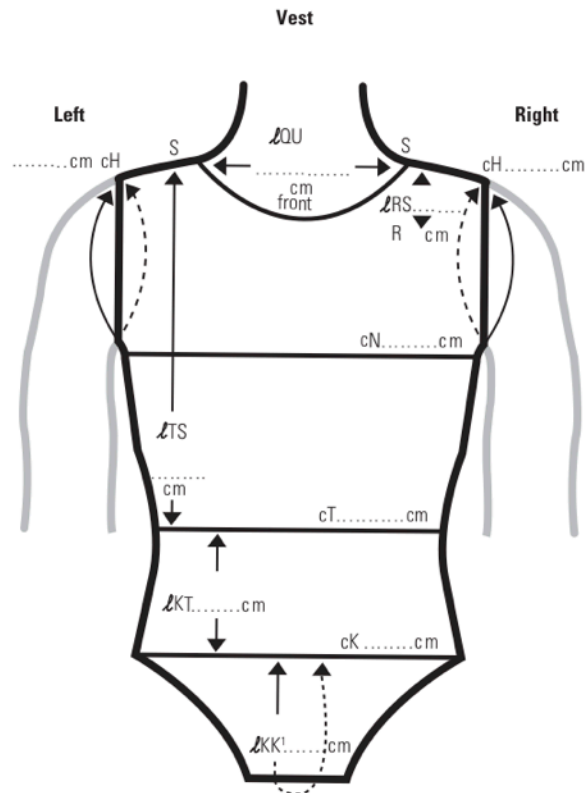
☐ Attached on a body part of a compression AT pantyhose
(for hook and loop closure at "T" please attach pantyhose measurement form)

☐ Silicone border at "T"

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

☐ Crotch panel closed with hook & eye fastener

Special requests:



Arm Sleeves / Arm Sleeve Extensions

