Custom Measurement Form for Circular Knit Stockings & Accessories

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

Scan for How to Measure Videos

Account Information (Please Print)

Account Number _____ Date _____

Account Name _____ Contact _____

Ship to Address _____

Phone _____ Fax _____

Patient ID _____ P.O. Number _____

Prescribing Physician _____

Measured by _____ Title _____ Date Measured _____

Order Information

Quantity: _____ ☐ Pair ☐ Piece(s)

Extremity: ☐ Right ☐ Left ☐ Both

Colors: _____

Styles

☐ AD ☐ AG ☐ AT

Silicone Border

☐ Silicone border

☐ Hip Attachment

☐ Left ☐ Right ☐ Worn as one (need T circumference)

☐ Body Part (worn with AG)

☐ 3021 (18-21 mmHg) ☐ 3022 (23-32 mmHg)
☐ Hook & loop closure
☐ Slip on

Compression Pantyhose

☐ Standard body part
☐ For maternity, measurements taken at ____ months
☐ Open crotch* ☐ With Fly* (for men)
* Juzo Soft and Dynamic

☐ Compression Pantyhose with Leg Extension*

*Dynamic Line & Soft

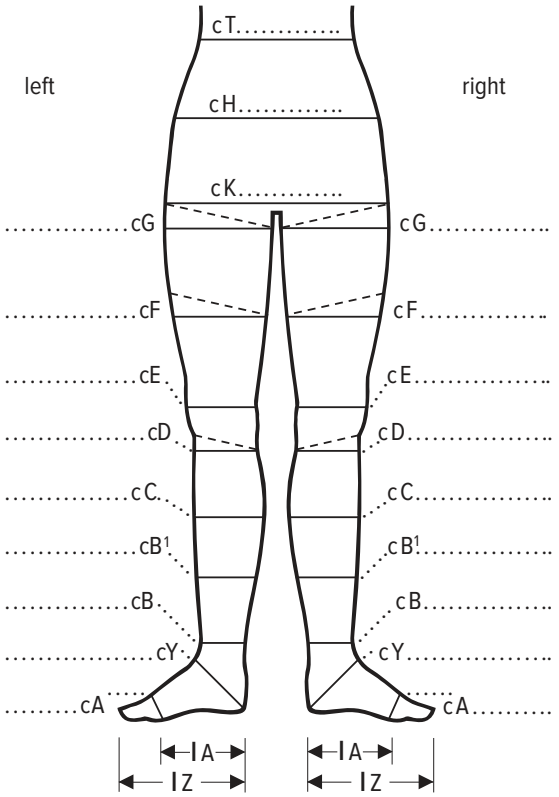
Foot Portion

☐ Open toe ☐ Closed toe

Please Select	18-21 mmHg	23-32 mmHg	34-46 mmHg
Juzo Soft	☐ 2001	☐ 2002	
Juzo Dynamic	☐ 3511	☐ 3512	☐ 3513
Juzo Dynamic Silver	☐ 3511SV	☐ 3512SV	☐ 3513SV
Juzo Move (AD & AG)	☐ 3611	☐ 3612	

Re-order:

Circumference Measurements



Lengths

All lengths taken on the medial side of the leg

	left	right
lT		
lH		
lG/lK		
lF		
lE		
lD		
lC		
lB1		
lB		
lA Open Toe		
lZ Full Foot		

PCSZ-03-13c

Special request: