



Custom Measurement Form for Compression Face Mask & Accessories

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

Account Information (Please Print)

Account Number	Date	Re-order#
Account Name	Contact	
Address		
Phone	Fax	
Patient ID	P.O. Number	
Prescribing Physician		
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)

IAB _____ cm IBC _____ cm ICD _____ cm

Length of the Headband

(measured from "D1" over the head to the same point on the opposite side)

ID¹-D¹ _____ cm IDE _____ cm



Neck and Chin Bandage



Face Mask

Forehead and back of head ☐ open ☐ closed

IEE¹ _____ cm

Openings for: ☐ eyes ☐ nose ☐ mouth

☐ Nose portion knitted according to measurements: M¹ = _____ cm
M² = _____ cm

Special Request:

Neck and Chin Bandage

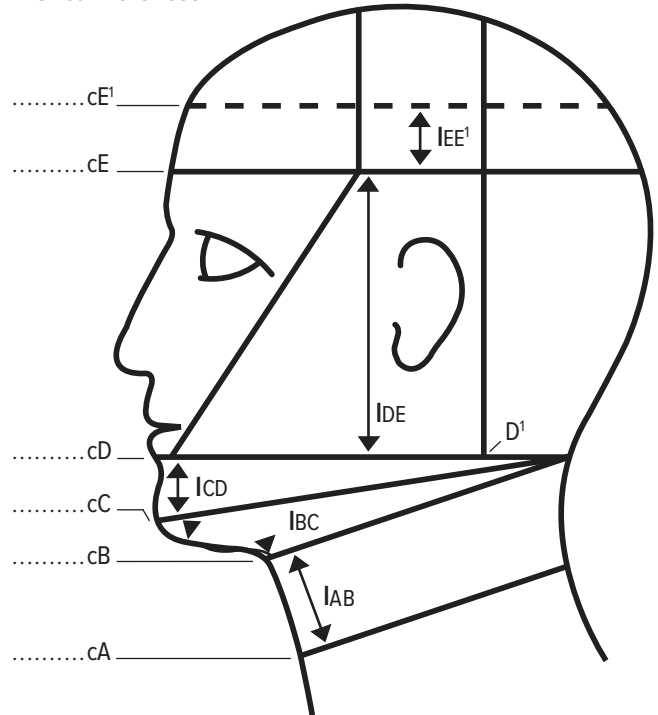
Closure Options

☐ 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

