

Phone: 1 800 222-4999

Email: [customercare@juzousa.com](mailto: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 <input type="checkbox"/> 3021SV	
Juzo® Expert Silver		

**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) ID<sup>1</sup>-D<sup>1</sup>\_\_\_\_\_ cm IDE\_\_\_\_\_ cm

**Neck and Chin Bandage**

**Face Mask**

Forehead and back of head  open  closed

IEE<sup>1</sup>\_\_\_\_\_ cm

Openings for:  eyes  nose  mouth

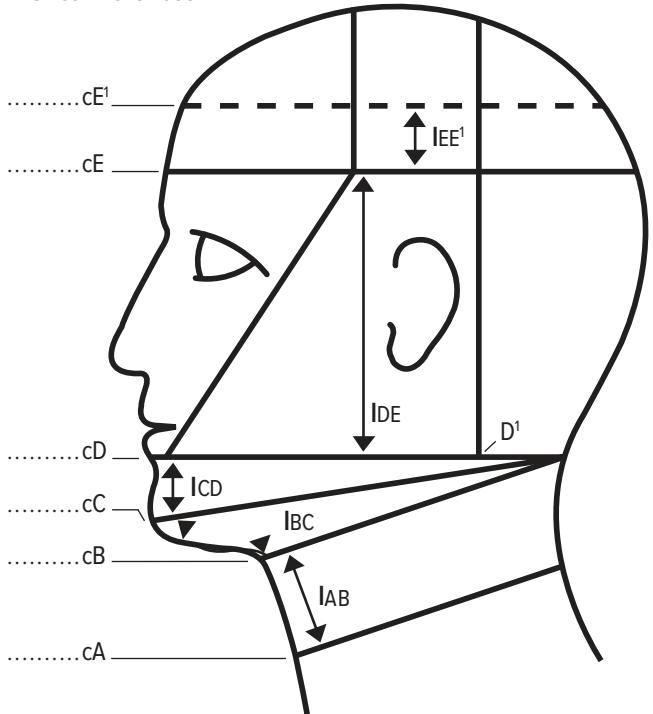
 Nose portion knitted according to measurements: M<sup>1</sup> = \_\_\_\_\_ cm

M<sup>2</sup> = \_\_\_\_\_ 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

