



Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example: PT/OT/PTA)  
 Date: \_\_\_\_\_



# ADVANCED CUSTOM MEASUREMENT FORM FOR CIRCULAR KNIT STOCKINGS

## 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 (20-30 mmHg)  3022 (30-40 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  
 \* Juzo Soft & Dynamic

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Hostess	<input type="checkbox"/> 2501	<input type="checkbox"/> 2502	
Juzo Hostess (with high elastic body part)	<input type="checkbox"/> 2581	<input type="checkbox"/> 2582	
Juzo Soft	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	
Juzo Dynamic	<input type="checkbox"/> 3511	<input type="checkbox"/> 3512	<input type="checkbox"/> 3513
Juzo Dynamic Silver	<input type="checkbox"/> 3511SV	<input type="checkbox"/> 3512SV	<input type="checkbox"/> 3513SV

Re-order#:

**Circumference Measurements**

**Lengths**

All lengths taken on the medial side of the leg

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

Special requests: