



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



CUSTOM MEASUREMENT FORM FOR COMPRESSION VESTS

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)

∅AB _____ cm ∅BC _____ cm ∅CD _____ cm

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

∅D' D' _____ cm

 **Neck and Chin Bandage**

 **Face Mask**

Forehead and back of head open closed

∅EE' _____ cm

Openings for: eyes nose mouth

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

Special Request: _____

Neck and Chin Bandage

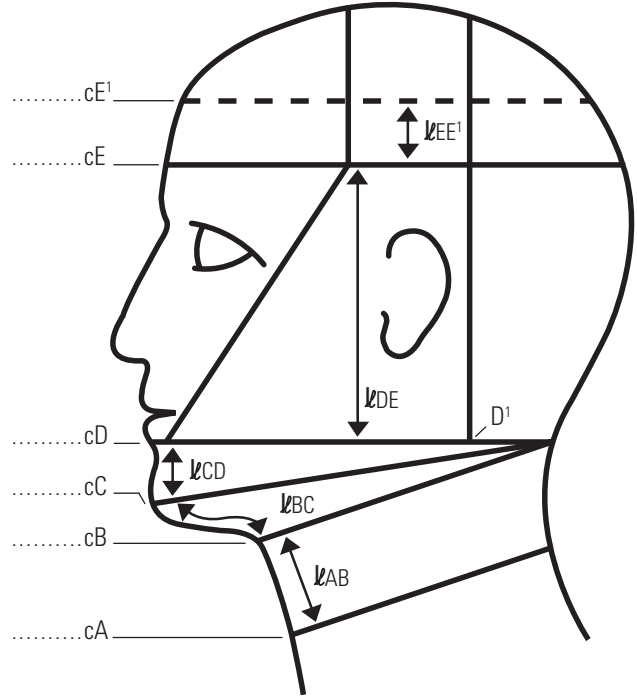
Closure Options

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

