



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	23-32 mmHg
Juzo® Expert <input type="checkbox"/> Beige <input type="checkbox"/> Fuchsia <input type="checkbox"/> Blue <input type="checkbox"/> Gray	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
<input type="checkbox"/> Dark Blue <input type="checkbox"/> Chestnut <input type="checkbox"/> Black <input type="checkbox"/> Violet		
Juzo® Expert Silver (beige)	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV

Styles & Options:

Opening: Mid front Mid back
 With zipper With hook & loop closure

Slip on
 With arm sleeve
 Without arm sleeve
 Breast opening, cup size _____

Breast cup seamless, cup size _____
 Pocket for prosthetic left right

Stand up collar
 Neck circumference _____ cm

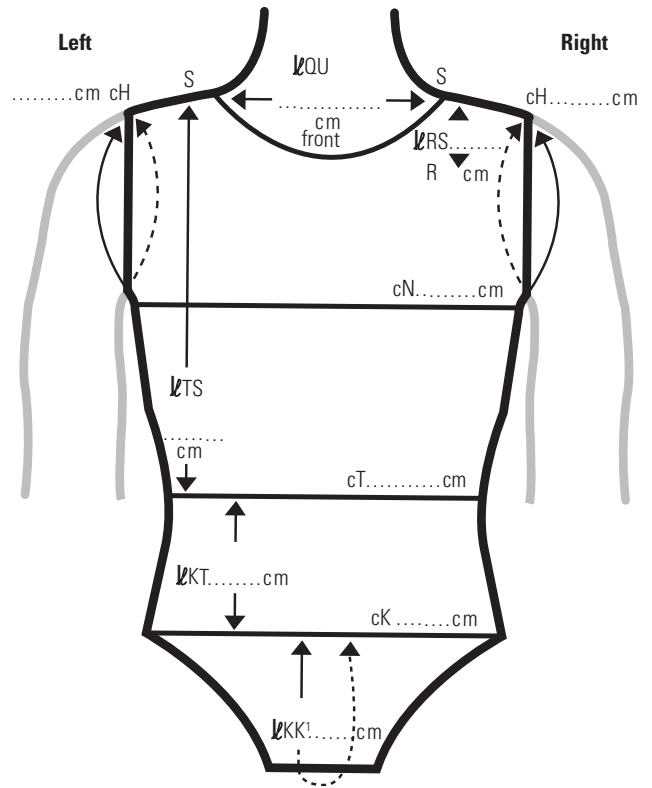
Stand up collar height _____ cm
 (In this case, measurements ∇ QU & ∇ RS are not needed)

Attached on a body part of a compression AT pantyhose
 (for hook and loop closure at "T" please attach pantyhose measurement form)

Silicone border at "T"
 With crotch panel (KK) (28cm length, 10cm width)
 Crotch panel closed with hook & eye fastener

Special requests: _____

Vest



Arm Sleeves / Arm Sleeve Extensions

