



Account Number: 1014233

Patient Last Name: _____ Patient First Name: _____

Fitter Last Name: _____ Fitter First Name: _____

Fitter Title: _____ (example PT/OT/PTA)

Date: _____



Custom Measurement Form for Compression Face Mask

Prescribing Physician

Quantity..... piece(s)

Compression
18-21 mmHg

Juzo® Expert (Helastic) Beige Red Blue Gray
 Dark Blue Chestnut Black

3021

Juzo® Expert (Helastic) Silver

3021SV

Length of the Neck Part

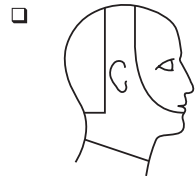
(measured in the front of the neck)

∠AB _____ cm ∠BC _____ cm ∠CD _____ cm

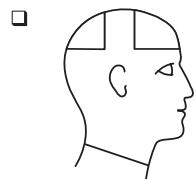
Length of the Headband

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

∠D1 D1 _____ cm



Neck and Chin Bandage



Face Mask

Forehead and back of head open closed

∠EE1 _____ 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

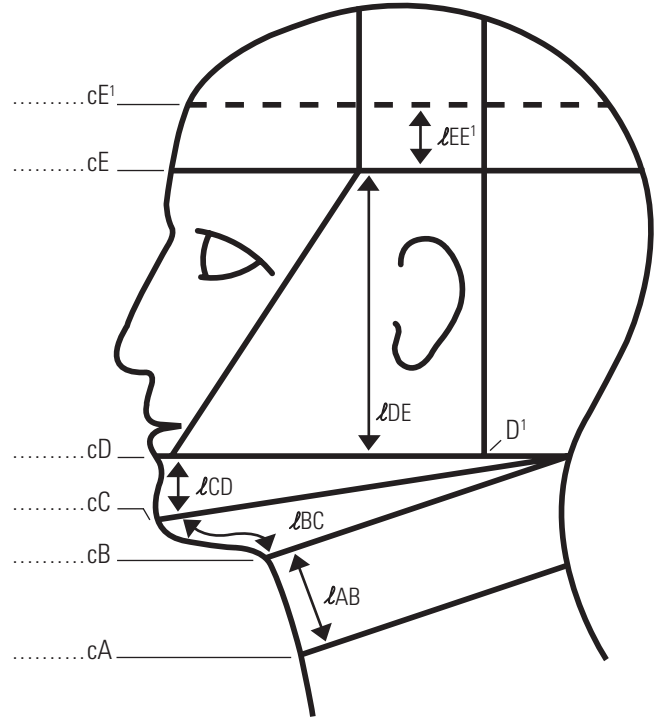
Opening for Ears

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

