



Account Number: 1014233

Patient Last Name: _____

Patient First Name: _____

Fitter Last Name: _____

Fitter First Name: _____

Fitter Title: _____

(example PT/OT/PTA)

Date: _____

Quantity Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right	Compression	
	18-21 mmHg	23-32 mmHg
Juzo® Expert (Helastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo® Expert (Helastic) Cotton (color beige)	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO
Juzo® Expert (Helastic) Silver (color beige)	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3021SV
Juzo® Strong	<input type="checkbox"/> 3051	<input type="checkbox"/> 3052
Juzo® Strong Silver (color beige)	<input type="checkbox"/> 3051SV	<input type="checkbox"/> 3052SV

- Colors**
- Beige Red Blue Gray
- Dark blue Chestnut Black

- Styles**
- Gauntlet with thumb stub (AC) Glove with closed fingers (ACFS)
- Glove with finger stubs(ACFS)

- Options**
- Wrist extension
- Pressure pad
- Attached pocket of pressure pad dorsal palm
- Silver comfort patch at the thumb webbing

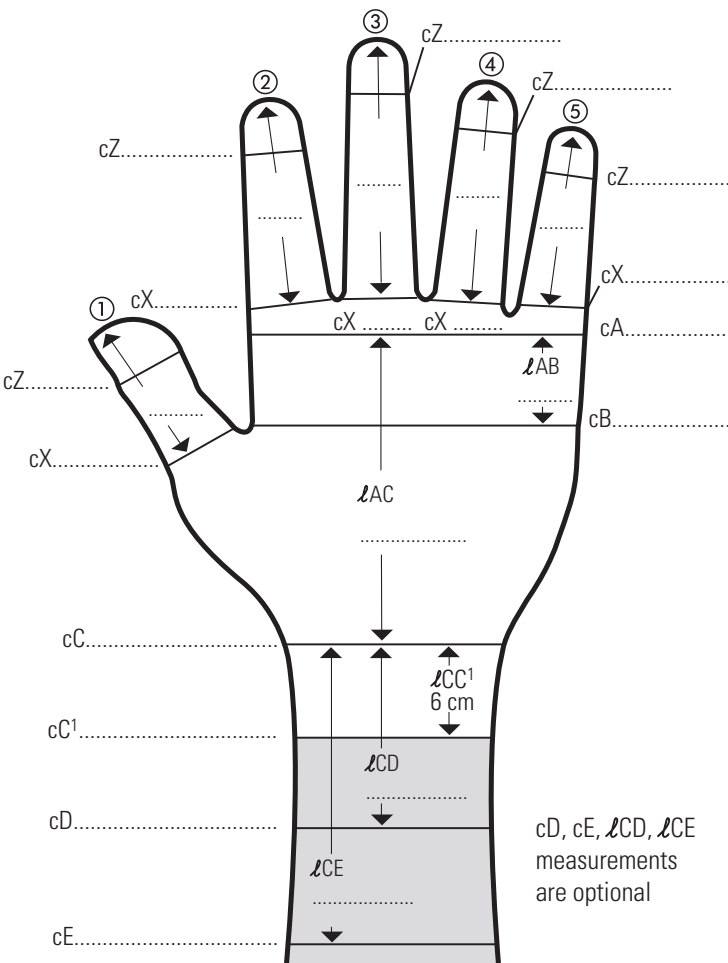
Worn with sleeve: yes no



Custom Measurement Form for Compression Gloves / Gauntlets

Special requests: _____

Left



Right

