



Patient Last Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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

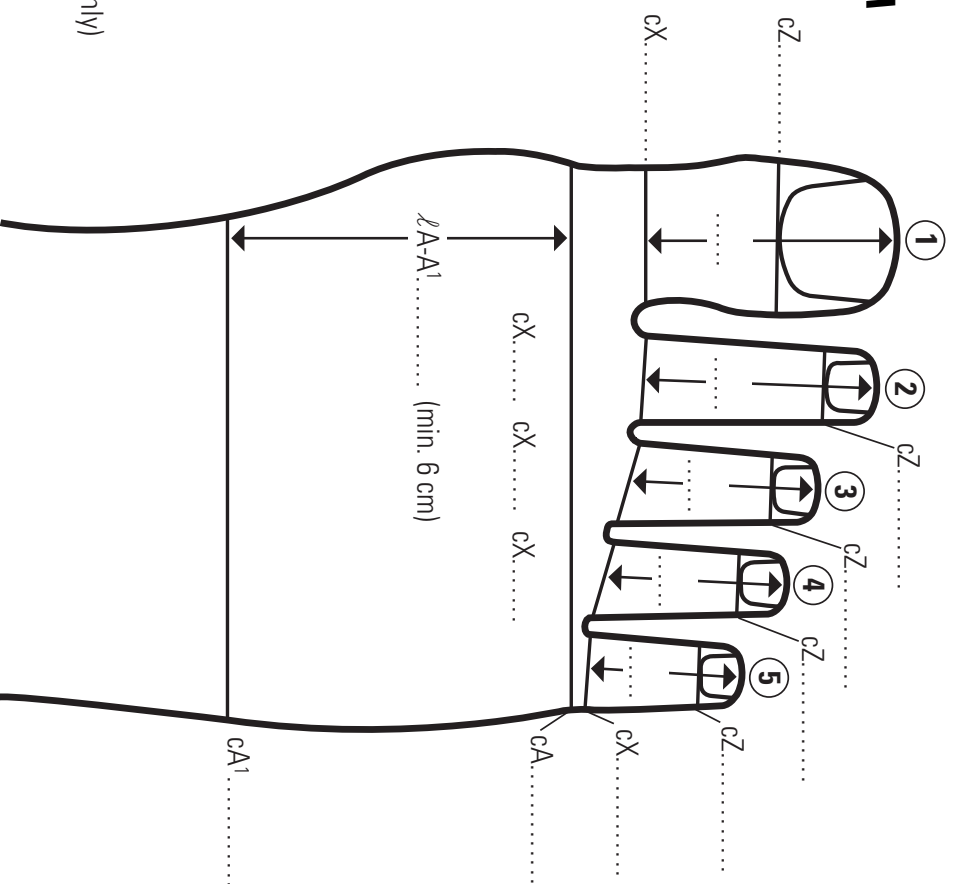


## CUSTOM MEASUREMENT FORM FOR COMPRESSION FOOT PORTIONS

Quantity .....	Piece(s) .....	Compression	
		18-21 mmHg	23-32 mmHg
Juzo Expert (Helastic)	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo Expert (Helastic) Cotton (color beige)		<input type="checkbox"/> 3021C0	<input type="checkbox"/> 3022C0
Juzo Expert (Helastic) Silver (color beige)		<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV
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  Fuchsia  Blue  Gray  Dark blue  Chestnut
- Black  Violet
- Options**
- With open toes  With closed toes  Without toe stub on toe 5 (opening only)
- Wear with a compression stocking  Yes  No

**Notes:**



PSSZ-01-14a