



**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	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo® Expert Cotton (color beige)	<input type="checkbox"/> 3021C0	<input type="checkbox"/> 3022C0
Juzo® Expert 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

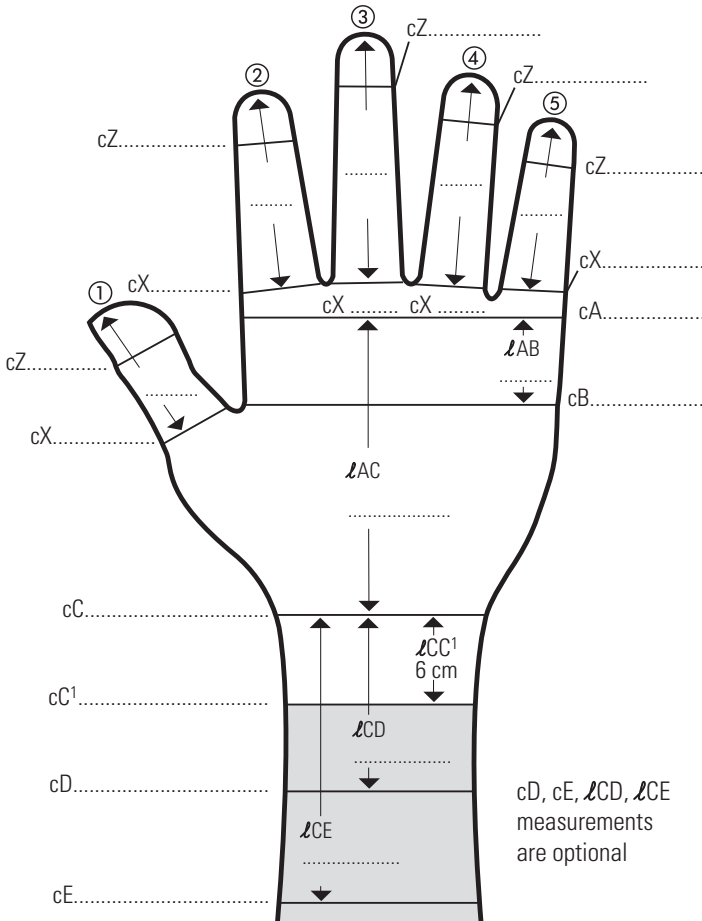
**Styles**                      **Worn with sleeve:**  yes     no  
 Gauntlet with thumb stub (AC)  
 Glove with finger stubs(ACFS)  
 Glove with closed fingers (ACFS)

**Options**  
 Wrist extension  
 Pressure pad     regular     extended     sewn in  
 Attached pocket of pressure pad     dorsal     palm  
 Silver comfort patch at the thumb webbing  
 Smooth comfort patch at the thumb webbing



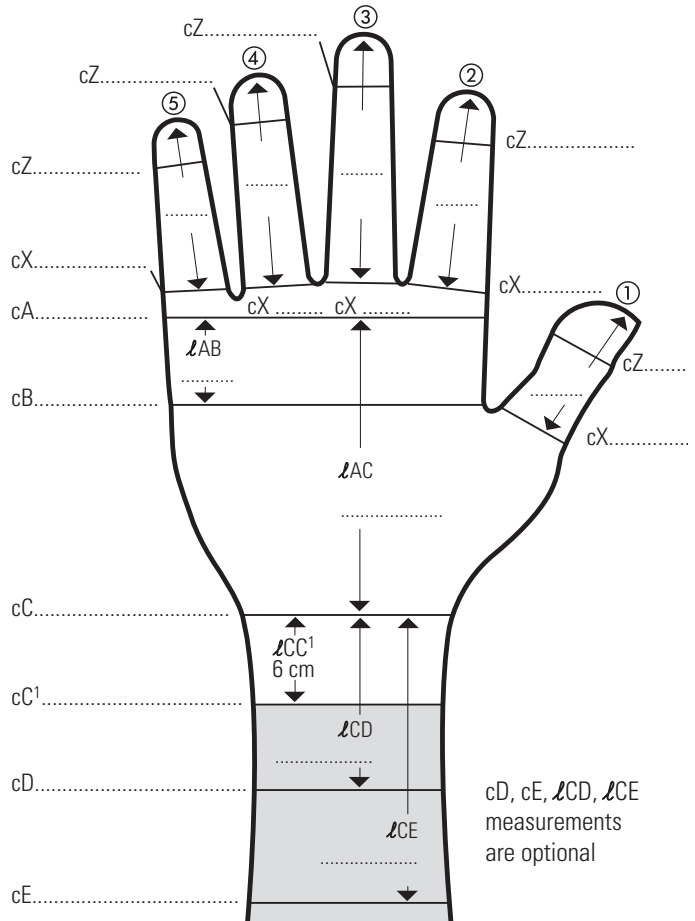
## JUZO CUSTOM FLAT KNIT GLOVE/GAUNTLET MEASUREMENT FORM

**Left**



cD, cE, lCD, lCE measurements are optional

**Right**



cD, cE, lCD, lCE measurements are optional

PCSZ-01-16e