



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



**Juzo**<sup>®</sup>

**ADVANCED CUSTOM MEASUREMENT FORM FOR FLAT KNIT STOCKINGS**

Please Select	18-21 mmHg	23-32 mmHg	34-46 mmHg	50 + mmHg
Expert (Elastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022	<input type="checkbox"/> 3023	<input type="checkbox"/> 3024
Expert (Elastic) Cotton Strong	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO	<input type="checkbox"/> 3023CO	
Expert (Elastic) Silver StrongSilver	<input type="checkbox"/> 3021SV <input type="checkbox"/> 3051SV	<input type="checkbox"/> 3022SV <input type="checkbox"/> 3052SV	<input type="checkbox"/> 3023SV <input type="checkbox"/> 3053SV	<input type="checkbox"/> 3054 <input type="checkbox"/> 3024SV <input type="checkbox"/> 3054SV

Re-order #:

**Order Information**

Quantity: \_\_\_\_\_  Pair  Piece(s)  
 Extremity:  Right  Left  Both  
 Colors:  Beige  Black  Chestnut  Violet  
 Blue  Dark Blue  Gray  Fuchsia  
 (Expert Cotton, Expert Silver, Strong Silver and all 50+ mmHg garments available in beige)  
 Silver comfort patch:  Behind the knee  
 Crease of ankle, top of foot

**Compression Knee-High & Thigh-High**

- AD  Straight top border (standard Expert & Strong)  
 Slant top border
- AG  Straight top border (standard Expert)  
 Slant top border (standard Strong)
- Silicone border
- Knee darts (Typically not required for Expert (3020))
- Hip attachment (please give "T" circumference)  
 Right  Left  To be worn as one
- K-T body part (open crotch)  
 18-21 mmHg  23-32 mmHg  
 Slip on  
 Hook and loop closure, in the front

**Compression Pantyhose**

- Standard waist
- Border with adjustable waistband
- Attached waist belt (non-adjustable)
- Pantyhose with leg extension (specify left or right leg)
- Mens Gusset  With fly  Open crotch
- Capri  Biker short

**Foot Portion**

- Open toe  Closed toe
- Slant toe (standard Strong)

**Slant Toe - required measurements**

LA right medial ..... LA right lateral .....  
 LA left medial ..... LA left lateral .....

**Circumference Measurements**

**High Rise Back**

KT Front \_\_\_\_\_

KT Back \_\_\_\_\_

**Lengths**

All lengths taken on the medial side of the leg

	left	right
lT	.....	.....
lH	.....	.....
lG/lK	.....	.....
lF	.....	.....
lE	.....	.....
lD	.....	.....
lC	.....	.....
lB'	.....	.....
lB	.....	.....
lA Open Toe	.....	.....
lZ Full Foot	.....	.....

Special requests:

Some additional charges may apply with choosing options