



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



CUSTOM MEASUREMENT FORM FOR COMPRESSION FOOT PORTIONS

Quantity Piece(s) Left Right

- Juzo Expert (Helastic)
- Juzo Expert (Helastic) Cotton (color beige)
- Juzo Expert (Helastic) Silver (color beige)
- Juzo Strong
- Juzo Strong Silver (color beige)

| Compression | |
|---------------------------------|---------------------------------|
| 18-21 mmHg | 23-32 mmHg |
| <input type="checkbox"/> 3021 | <input type="checkbox"/> 3022 |
| <input type="checkbox"/> 3021C0 | <input type="checkbox"/> 3022C0 |
| <input type="checkbox"/> 3021SV | <input type="checkbox"/> 3022SV |
| <input type="checkbox"/> 3051 | <input type="checkbox"/> 3052 |
| <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:

