



Custom Measurement Form for Compression Vests

Phone: 1 800 222-4999
 Fax: 1 800 645-2519

Account Information (Please Print)

Account Number	Date	Re-order #
Account Name	Contact	
Ship to Address		
Phone	Fax	
Patient ID	P.O. Number	
Prescribing Physician		

Quantity..... piece(s)	Compression	
	18-21 mmHg	23-32 mmHg
Juzo® Expert	3021	3022
Beige Fuchsia Blue Gray		
Dark Blue Chestnut Black Violet		
Juzo® Expert Silver (beige)	3021SV	3022SV

Styles & Options:

Opening: Mid front Mid back
 With zipper With hook & loop closure

Slip on

With arm sleeve

Without arm sleeve

Breast opening, cup size _____

Breast cup seamless, cup size _____

Pocket for prosthetic left right

Stand up collar

Neck circumference _____ cm

Stand up collar height _____ cm

(In this case, measurements ∠QU & ∠RS are not needed)

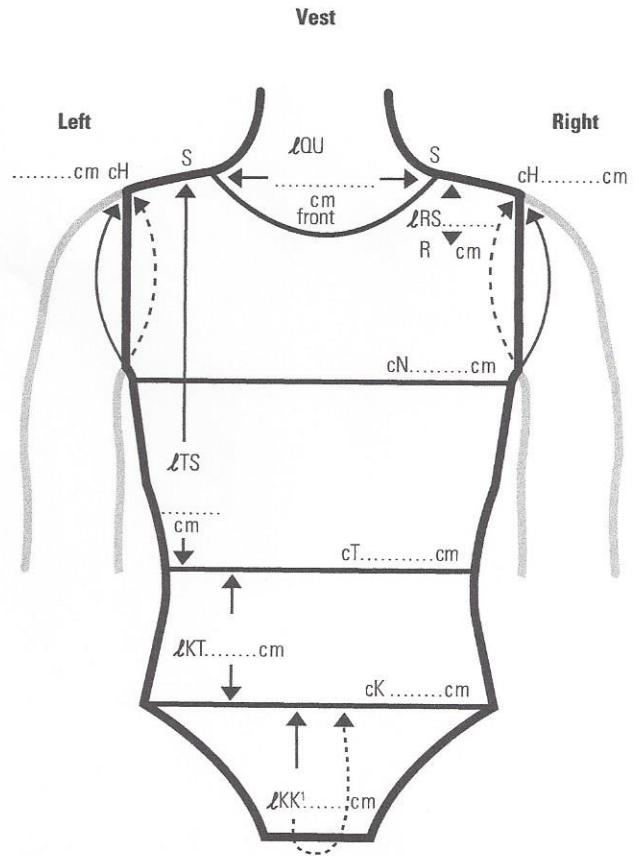
Attached on a body part of a compression AT pantyhose
 (for hook and loop closure at "T" please attach pantyhose measurement form)

Silicone border at "T"

With crotch panel (KK) (28cm length, 10cm width)

Crotch panel closed with hook & eye fastener

Special requests: _____



Arm Sleeves / Arm Sleeve Extensions

