



# EZ Custom Measurement Form for Circular Knit Stockings

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

**Account Information**

Account Number \_\_\_\_\_ Date \_\_\_\_\_

Account Name \_\_\_\_\_ Contact \_\_\_\_\_

Ship to Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient ID \_\_\_\_\_ P.O. Number \_\_\_\_\_

Prescribing Physician \_\_\_\_\_

**Order Information**

Quantity: \_\_\_\_\_ Pair \_\_\_\_\_ Piece(s)

Extremity: Right Left Both

Colors: \_\_\_\_\_

**Styles**

AD  AG  AT  Full knit (Dynamic)

**Silicone Border**

Silicone border

**Hip Attachment**

Left  Right  Worn as one (need T circumference)

**Compression Pantyhose**

Standard body part

For maternity, measurements taken at \_\_\_\_\_ months

**Foot Portion**

Open toe\*  Closed toe

\* Juzo Soft & Dynamic

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Hostess (AD & AG)	2501	2502	
Juzo Hostess (AT with high elastic body part)	2581	2582	
Juzo Soft	2001	2002	
Juzo Dynamic	3511	3512	3513
Juzo Dynamic Silver	3561SV	3562SV	3563SV

Re-order #: \_\_\_\_\_

**Circumference Measurements**

left

right

**Lengths**

All lengths taken on the medial side of the leg

	left	right
LT	.....	.....
LH	.....	.....
LG/LK	.....	.....
LF	.....	.....
LE	.....	.....
LD	.....	.....
LC	.....	.....
LB1	.....	.....
LB	.....	.....
LA Open Toe	.....	.....
LZ Full Foot	.....	.....

For more circular knit options, please go to [www.juzousa.com/dealer](http://www.juzousa.com/dealer) for the advanced custom form

Special requests: \_\_\_\_\_