

Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

Order Information

Quantity: _____ ☐ Pair ☐ Piece(s)

Extremity: ☐ Right ☐ Left ☐ Both

Colors: _____

Styles

☐ AD ☐ AG ☐ AT

Silicone Border

☐ Silicone border

☐ Hip Attachment

☐ Left ☐ Right ☐ Worn as one (need T circumference)

☐ Body Part (worn with AG)

☐ 3021 (20-30 mmHg) ☐ 3022 (30-40 mmHg)

☐ Hook & loop closure

☐ Slip on

Compression Pantyhose

☐ Standard body part

☐ For maternity, measurements taken at ____ months

☐ Open crotch* ☐ With Fly* (for men)

* Juzo Soft and Dynamic

☐ Compression Pantyhose with Leg Extension*

*Dynamic Line & Soft

Foot Portion

☐ Open toe* ☐ Closed toe

* Juzo Soft & Dynamic

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Hostess	<input type="checkbox"/> 2501	<input type="checkbox"/> 2502	
Juzo Hostess (with high elastic body part)	<input type="checkbox"/> 2581	<input type="checkbox"/> 2582	
Juzo Soft	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	
Juzo Dynamic	<input type="checkbox"/> 3511	<input type="checkbox"/> 3512	<input type="checkbox"/> 3513
Juzo Dynamic Silver	<input type="checkbox"/> 3511SV	<input type="checkbox"/> 3512SV	<input type="checkbox"/> 3513SV

Re-order #:

Circumference Measurements		Lengths	
left	right	left	right
cT.....		All lengths taken on the medial side of the leg	
cH.....			
cK.....			
cG.....	cG.....	LT	
cF.....	cF.....	LH	
cE.....	cE.....	LG/LK	
cD.....	cD.....	LF	
cC.....	cC.....	LE	
cB ¹	cB ¹	LD	
cB.....	cB.....	LC	
cY.....	cY.....	LB ¹	
cA.....	cA.....	LB	
LA.....	LA.....	LA Open Toe	
LZ.....	LZ.....	LZ Full Foot	

Special requests: