



CUSTOM MEASUREMENT FORM FOR COMPRESSION FOOT PORTIONS



Date: ____/____/____

Patient Name: _____

Fitter/Therapist Name: _____

Ship to: _____

Quantity Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right	Compression	
	18-21 mmHg	23-32 mmHg
Juzo Expert (Helastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo Expert (Helastic) Cotton (color beige)	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO
Juzo Expert (Helastic) Silver (color beige)	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV
Juzo Strong	<input type="checkbox"/> 3051	<input type="checkbox"/> 3052
Juzo Strong Silver (color beige)	<input type="checkbox"/> 3051SV	<input type="checkbox"/> 3052SV

Notes:

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

