



Custom Measurement Form for Circular Knit Stockings & Accessories

Phone: 1 800 222-4999

Email: customercare@juzousa.com



Scan for How to
Measure Videos

Account Information (Please Print)

Account Number	Date
Account Name	Contact
Ship to Address	
Phone	Fax
Patient ID	P.O. Number
Prescribing Physician	
Measured by	Title
	Date Measured

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 (18-21 mmHg) ☐ 3022 (23-32 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

Please Select	18-21 mmHg	23-32 mmHg	34-46 mmHg
Juzo Soft	☐ 2001	☐ 2002	
Juzo Dynamic	☐ 3511	☐ 3512	☐ 3513
Juzo Dynamic Silver	☐ 3511SV	☐ 3512SV	☐ 3513SV
Juzo Move (AD & AG)	☐ 3611	☐ 3612	

Re-order:

Circumference Measurements		Lengths	
left	right	left	right
cT.....		All lengths taken on the medial side of the leg	
cH.....		IT	
cK.....		IH	
.....cG	cG.....	IG/I K	
.....cF	cF.....	IF	
.....cE	cE.....	IE	
.....cD	cD.....	ID	
.....cC	cC.....	IC	
.....cB'	cB'.....	IB'	
.....cB	cB.....	IB	
.....cY	cY.....	IA Open Toe	
.....cA	cA.....	IZ Full Foot	
IA	IA		
IZ	IZ		

Special request:

PCSZ-03-13c