

Patient Last Name: _____ **Patient First Name:** _____
Fitter Last Name: _____ **Fitter First Name:** _____
Fitter Title: _____ (example: PT/OT/PTA)
Date: _____

Quantity Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right	Compression	
	18-21 mmHg	23-32 mmHg
Juzo® Expert	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo® Expert Cotton (color beige)	<input type="checkbox"/> 3021C0	<input type="checkbox"/> 3022C0
Juzo® Expert 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

Colors
 Beige Fuchsia Blue Gray
 Dark blue Chestnut Black Violet

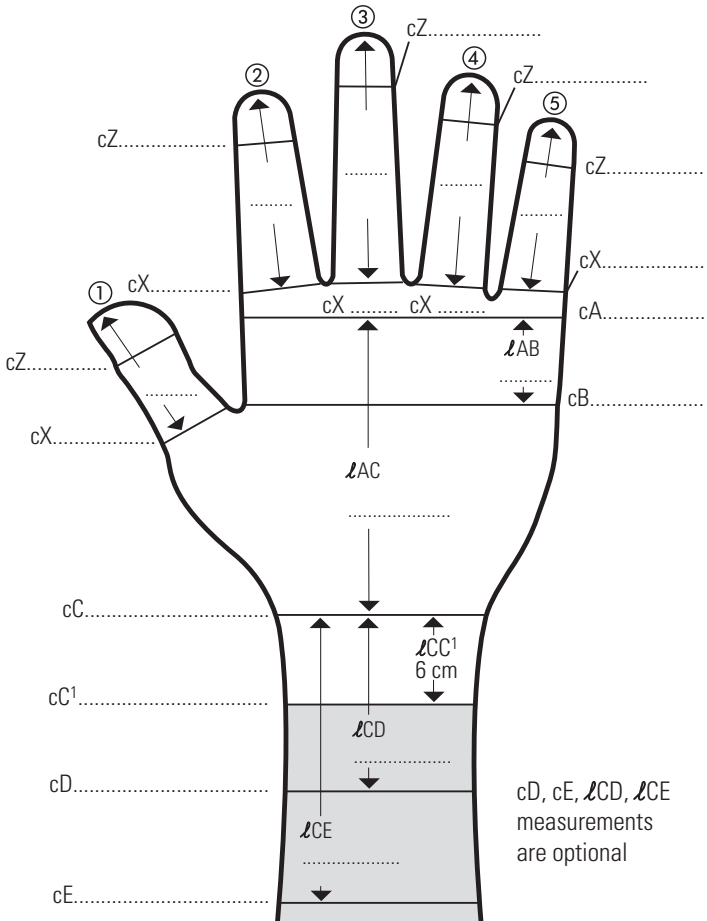
Styles **Worn with sleeve:** yes no
 Gauntlet with thumb stub (AC)
 Glove with finger stubs(ACFS)
 Glove with closed fingers (ACFS)

Options
 Wrist extension
 Pressure pad regular extended sewn in
 Attached pocket of pressure pad dorsal palm
 Silver comfort patch at the thumb webbing
 Smooth comfort patch at the thumb webbing

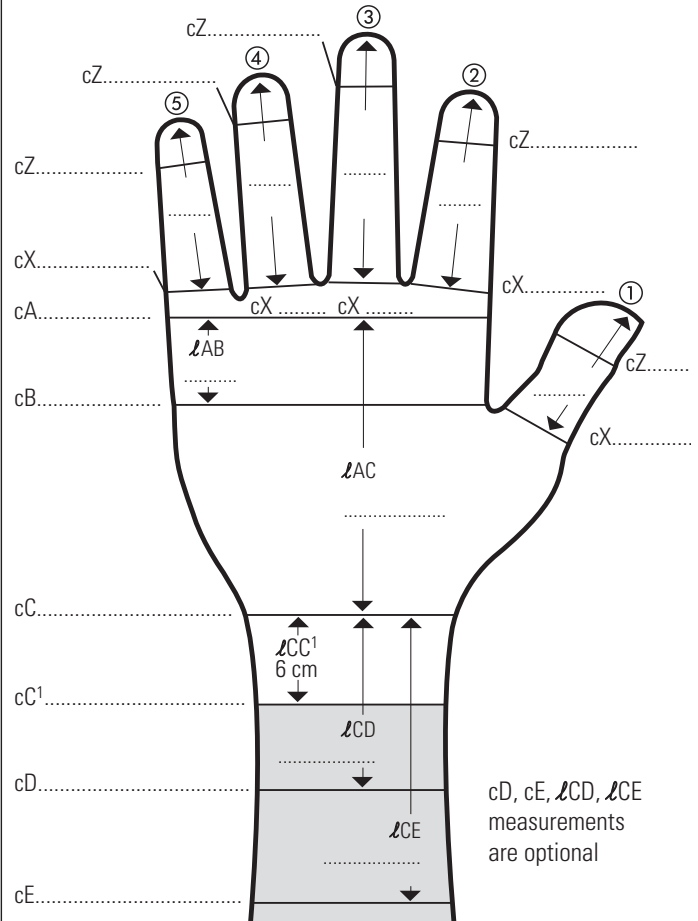


JUZO CUSTOM FLAT KNIT GLOVE/GAUNTLET MEASUREMENT FORM

Left



Right



PCSZ-01-16e