

Patient Last Name: _____
 Fitter Last Name: _____
 Fitter Title: _____
 Date: _____

Patient First Name: _____
 Fitter First Name: _____
 (example: PT/OT/PTA)



CUSTOM MEASUREMENT FORM FOR COMPRESSION FOOT PORTIONS

Quantity	Piece(s)	Compression	
		18-21 mmHg	23-32 mmHg
Juzo Expert (Elastic)	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo Expert (Elastic) Cotton (color beige)		<input type="checkbox"/> 3021C0	<input type="checkbox"/> 3022C0
Juzo Expert (Elastic) 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
- Options**
- With open toes With closed toes Without toe stub on toe 5 (opening only)
 - Wear with a compression stocking Yes No

Notes:

PCSZ-01-14a

