



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



JUZO NON-CUSTOM WRAP LEG/FOOT MEASUREMENT FORM

Segment	Model #	S	M	L	XL	2XL	Length Regular or Long	Specifications
Calf 	6000 BD						Regular	
							Long	
	6000 BD Max						Regular	
							Long	
Foot 	6000 AB							
Accessories	Model #	S	M	L	XL	2XL		Specifications
Basic Compression Anklets	4411 AB							
Silver Liner	9640							
Ulcer Liner	9641							
Accessories	Model #	I	II	III	IV	V	Length Short or Regular	Specifications Black or Beige
Dual Stretch Stocking	6091 AD							
	6092 AD							
Stockinette Accessories	Model #	2"	3"	4"	5"	6"	Pieces	Roll
Cotton Stockinette	6080							25 Yard Roll Only
Compression Cotton Stockinette	6081RL							11 yard Roll
	6081PC							20" length pc
XStatic Silver Tubular Component	1600							25 Yard Roll Only
Accessories	Model #	40mm		75mm		85mm		
Hook Fasteners	6000 FA							