



Phone: 1 800 222-4999
 Fax: 1 800 645-2519

EZ Custom Measurement Form for Circular Knit Stockings

For more circular knit options, please go to www.juzousa.com/dealer for the advanced custom form

Account Information

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

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
Juzo Hostess (AD & AG)	<input type="checkbox"/> 2501	<input type="checkbox"/> 2502	
Juzo Hostess (AT with high elastic body part)	<input type="checkbox"/> 2581	<input type="checkbox"/> 2582	
Juzo Soft	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	
Juzo Dynamic	<input type="checkbox"/> 3511	<input type="checkbox"/> 3512	<input type="checkbox"/> 3513
Juzo Dynamic Silver	<input type="checkbox"/> 3561SV	<input type="checkbox"/> 3562SV	<input type="checkbox"/> 3563SV

Order Information

Quantity: _____ Pair Piece(s)

Extremity: Left Right Both

Colors: _____

Styles

AD AG AT Full knit (Dynamic)

Silicone Border

Silicone border

Hip Attachment

Left Right Worn as one (need T circumference)

Compression Pantyhose

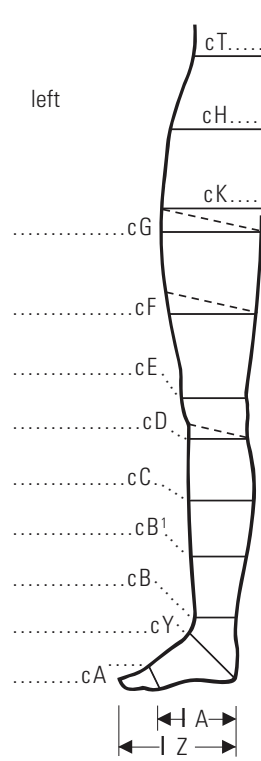
Standard body part
 For maternity, measurements taken at ___ months

Foot Portion

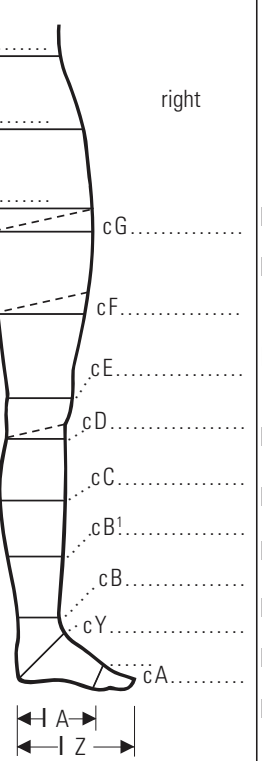
Open toe* Closed toe
 * Juzo Soft & Dynamic

Circumference Measurements

left



right



Special requests:

A Open Toe
 Z Full Foot

Lengths

All lengths taken on the medial side of the leg

	left	right
I T
I H
I G/I K
I F
I E
I D
I C
I B'
I B
I A Open Toe
I Z Full Foot

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