



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

Custom Measurement Form for Compression Face Mask

Account Information

Account Number	Date	Re-order #
Account Name	Contact	
Address		
Phone	Fax	
Patient ID	P.O. Number	
Prescribing Physician		

Quantity..... piece(s)	Compression 18-21 mmHg
Juzo® Expert <input type="checkbox"/> Beige <input type="checkbox"/> Fuchsia <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Dark Blue <input type="checkbox"/> Chestnut <input type="checkbox"/> Black <input type="checkbox"/> Violet	<input type="checkbox"/> 3021
Juzo® Expert Silver	<input type="checkbox"/> 3021SV


Length of the Neck Part
 (measured in the front of the neck)

AB _____ cm **BC** _____ cm **CD** _____ cm

Length of the Headband
 (measured from "D1" over the head to the same point on the opposite side)

D' D' _____ cm

 Neck and Chin Bandage

 Face Mask

Forehead and back of head open closed

EE' _____ cm

Openings for: eyes nose mouth

Nose portion knitted according to measurements: M¹ = _____ cm
 M² = _____ cm

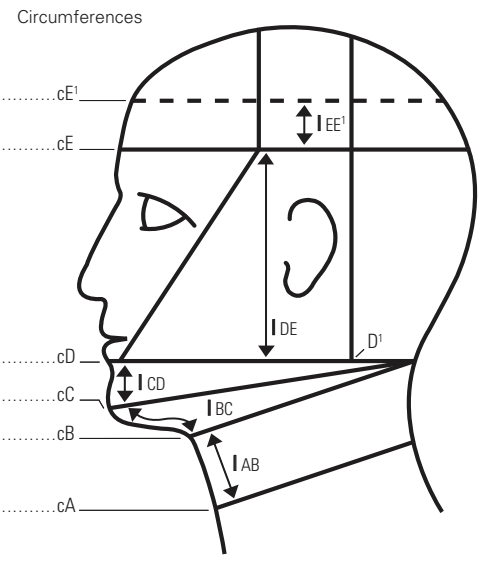
Special Request:

PCSZ-01-20a

Neck and Chin Bandage

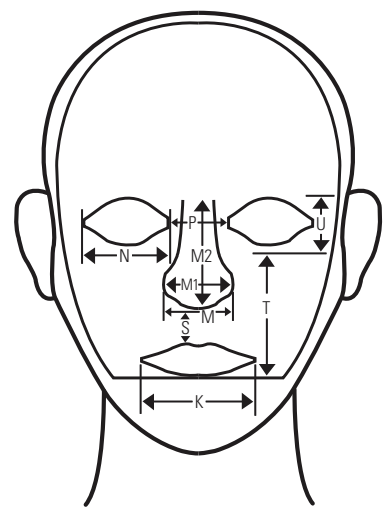
Closure Options
 Hook and loop Hook and eye

Opening for Ears
 yes no Height..... cm Width..... cm



Width and Length Measurements

K = cm
 M = cm
 N = cm
 P = cm
 S = cm
 T = cm
 U = cm



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