



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

EZ Custom Measurement Form for Flat Knit Stockings

For more flat 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	18-21 mmHg	23-32 mmHg	34-46 mmHg	50 + mmHg
Expert (Helastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022	<input type="checkbox"/> 3023	<input type="checkbox"/> 3024
Expert (Helastic) Cotton	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO	<input type="checkbox"/> 3023CO	
Strong	<input type="checkbox"/> 3052	<input type="checkbox"/> 3053	<input type="checkbox"/> 3054	<input type="checkbox"/> 3054
Expert (Helastic) Silver	<input type="checkbox"/> 3021SV	<input type="checkbox"/> 3022SV	<input type="checkbox"/> 3023SV	<input type="checkbox"/> 3024SV
Strong Silver	<input type="checkbox"/> 3051SV	<input type="checkbox"/> 3052SV	<input type="checkbox"/> 3053SV	<input type="checkbox"/> 3054SV

Re-order #:

Order Information

Quantity: _____ Pair Piece(s)

Extremity: Left Right Both

Colors: Beige Black Chestnut Violet
 Blue Dark Blue Gray Fuchsia
(Expert Cotton, Expert Silver, Strong Silver and all 50+ mmHg garments available in beige)

Compression Knee-High & Thigh-High

AD Straight top border (standard Expert & Strong)
 Slant top border

AG Straight top border (standard Expert)
 Slant top border (standard Strong)

Silicone border

Hip Attachment (thigh-high)

Left Right Worn as one (need T circumference)

Knee darts (Typically not required for Expert (3020))

Compression Pantyhose

AT

Knee darts (Typically not required for Expert (3020))

Foot Portion

Open toe Closed toe

Slant toe (standard Strong)

Slant Toe - required measurements

I A right medial I A right lateral

I A left medial I A left lateral

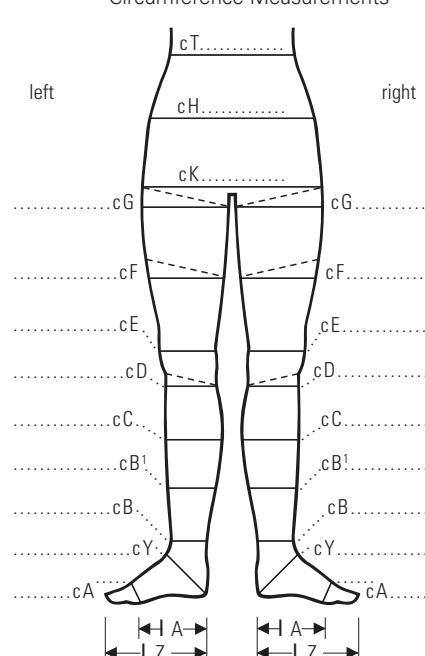
Silver Comfort Patch

Smooth Comfort Patch

Behind the knee

Crease of ankle and top of foot

Circumference Measurements



High Rise Back

KT Front _____

KT Back _____

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

Special requests:

PCSZ-01-22d

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