



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

Custom Measurement Form for Prosthetic Shrinkers

Account Information

Account Number _____ Date _____
Account Name _____ Contact _____
Phone _____ Fax _____
Patient ID _____
Prescribing Physician _____

Circular Knit Compression Garment Information (without seam)

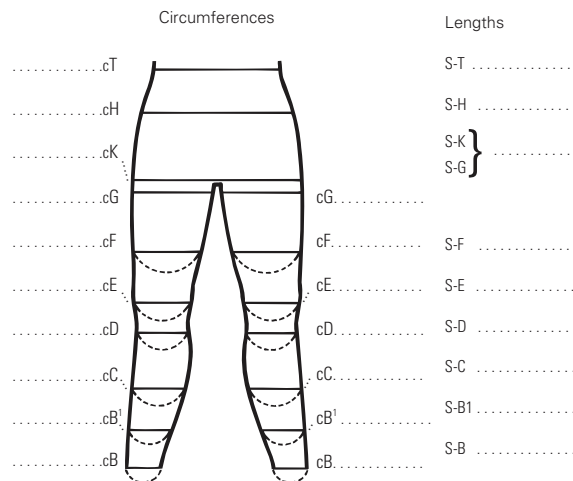
Compression: 20-30 mmHg Model: Dynamic (Varin Soft-in)
 30-40 mmHg Dynamic Silver (Varin Soft-in)

Style: C-F below knee F-G above knee H-D Pirogoff
 Silicone Border Hip Attachment

K-T Body Part (worn with F-G) Slip-on Hook and Loop Closure
 20-30 mmHg 30-40 mmHg

Extremity: Left Right Quantity: _____ Pieces

Comments: _____



Measure circumferences beginning 5 cm from the distal end of the stump.

S = Distal end of the stump. Measure all lengths from 'S'.

PCSZ-01-18a



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Custom Measurement Form For Compression Foot Portions

Account Information

Account Number _____ Date _____
Account Name _____ Contact _____
Ship to Address _____
Phone _____ Fax _____
Patient ID _____ Prescribing Physician _____

Quantity..... Piece(s) <input type="checkbox"/> Left <input type="checkbox"/> Right	Compression	
	18-21 mmHg	23-32 mmHg
Juzo Expert (Helastic)	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo Expert (Helastic) Cotton (color beige)	<input type="checkbox"/> 3021CO	<input type="checkbox"/> 3022CO
Juzo Expert (Helastic) 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

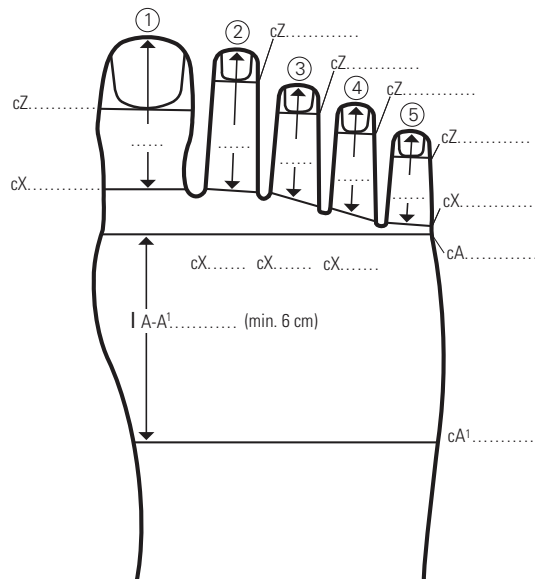
Colors

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

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