

Patient: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Fitter: \_\_\_\_\_ Clinic \_\_\_\_\_

Fitter Title: \_\_\_\_\_ (example: PT/OT/PTA)

Date: \_\_\_\_\_

225-273-1900

Fax: 225-273-5555

info@stillmeinc.com

## Advanced Custom Measurement Form for Circular Knit Stockings

Please Select	20-30 mmHg	30-40 mmHg	40-50 mmHg
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"/> 3511SV	<input type="checkbox"/> 3512SV	<input type="checkbox"/> 3513SV



Re-order #:

### Order Information

Quantity: \_\_\_\_\_  Pair  Piece(s)

Extremity:  Right  Left  Both

Colors: \_\_\_\_\_

### Styles

AD  AG  AT

### Silicone Border

Silicone border

### Hip Attachment

Left  Right  Worn as one (need T circumference)

### Body Part (worn with AG)

3021 (20-30 mmHg)  3022 (30-40 mmHg)

Hook & loop closure

Slip on

### Compression Pantyhose

Standard body part

For maternity, measurements taken at \_\_\_\_\_ months

Open crotch\*  With Fly\* (for men)

\* Juzo Soft and Dynamic

### Compression Pantyhose with Leg Extension\*

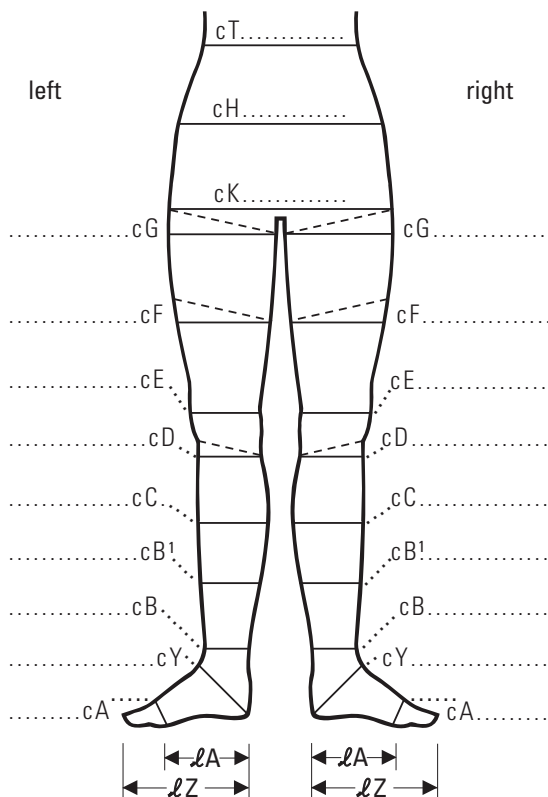
\*Dynamic Line & Soft

### Foot Portion

Open toe\*  Closed toe

\* Juzo Soft & Dynamic

### Circumference Measurements



### Lengths

All lengths taken on the medial side of the leg

	left	right
lT	.....	.....
lH	.....	.....
lG/lK	.....	.....
lF	.....	.....
lE	.....	.....
lD	.....	.....
lC	.....	.....
lB1	.....	.....
lB	.....	.....
lA Open Toe	.....	.....
lZ Full Foot	.....	.....

Special requests: