

Patient: Last Name: _____ First Name _____

Fitter: _____ Clinic _____

Fitter Title: _____ (example: PT/OT/PTA)

info@stillmeinc.com

Date: _____

225-273-1900 • Fax: 225-273-5555

Custom Measurement Form for Face Mask

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:

Neck and Chin Bandage

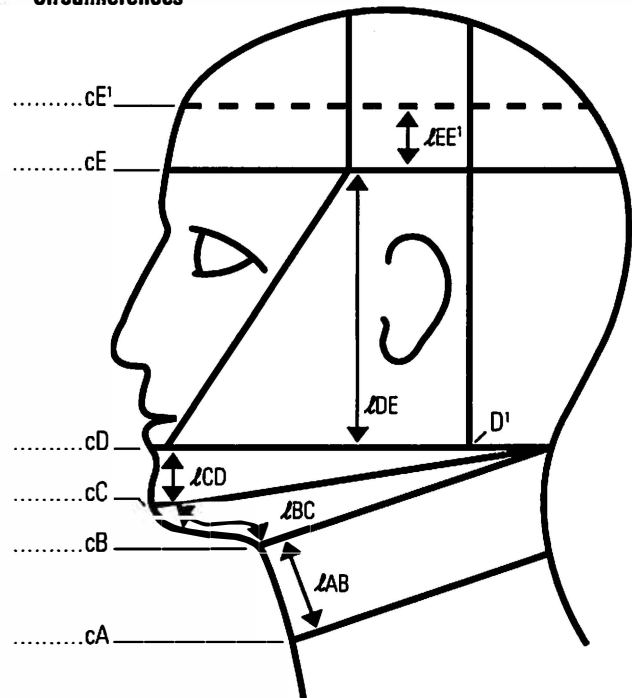
Closure Options

Hook and loop Hook and eye

Opening for Ears

yes no Height cm Width cm

Circumferences



Width and Length Measurements

K = cm

M = cm

N = cm

P = cm

S = cm

T = cm

U = cm

