



Patient: Last Name: _____ First Name _____

Fitter: _____ Clinic _____

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

Date: _____

CUSTOM MEASUREMENT FORM FOR COMPRESSION FOOT PORTIONS



Quantity	Pieces(s)	Compression	
		18-21 mmHg	23-32 mmHg
Juzo Expert (Helastic)	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022
Juzo Expert (Helastic) Cotton (color beige)		<input type="checkbox"/> 3021C0	<input type="checkbox"/> 3022C0
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:

