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# Custom Measurement Form For Compression Foot Portions

## Account Information (Please Print)

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:

