

Call: (571) 232-3179 Fax: (703) 852-4371 Email: nancy@bodyworks-compression.com



Account Information (Please Print)

Account Number	Date	Re-order #
Account Name	Contact	
Address		
Phone	Fax	
Patient ID	P.O. Number	
Prescribing Physician		


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)

∠D1 D1 _____ cm

 **Neck and Chin Bandage**

 **Face Mask**

Forehead and back of head open closed

∠EE1 _____ cm

Openings for: eyes nose mouth

Nose portion knitted according to measurements: M1 = _____ cm
M2 = _____ cm

Special Request:

Neck and Chin Bandage

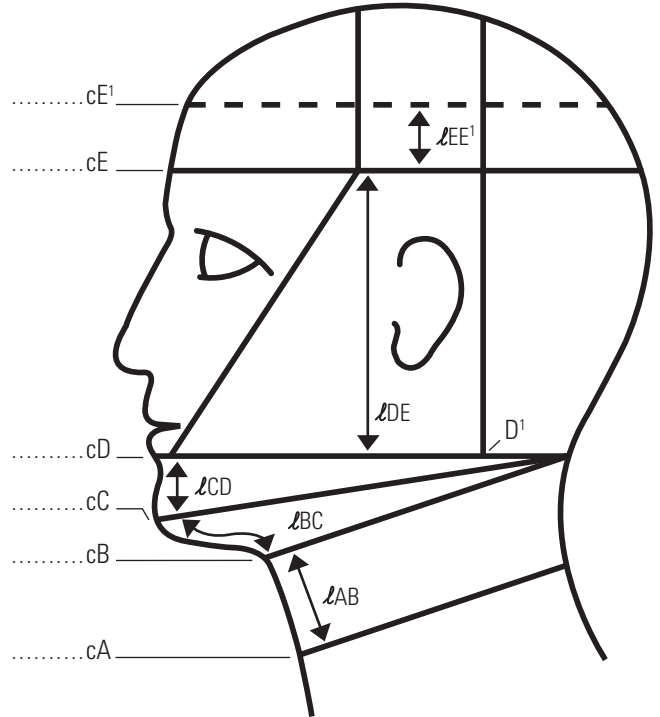
Closure Options

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

