



Custom Measurement Form for Compression Face Mask

Phone: 1 800 222-4999
 Fax: 1 800 645-2519

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)

$\angle AB$ _____ cm $\angle BC$ _____ cm $\angle CD$ _____ cm

Length of the Headband
 (measured from "D1" over the head to the same point on the opposite side)

$\angle D^1 D^1$ _____ cm

 **Neck and Chin Bandage**

 **Face Mask**

Forehead and back of head open closed

$\angle EE^1$ _____ cm

Openings for: eyes nose mouth

Nose portion knitted according to measurements: M^1 = _____ cm
 M^2 = _____ cm

Special Request:

Neck and Chin Bandage

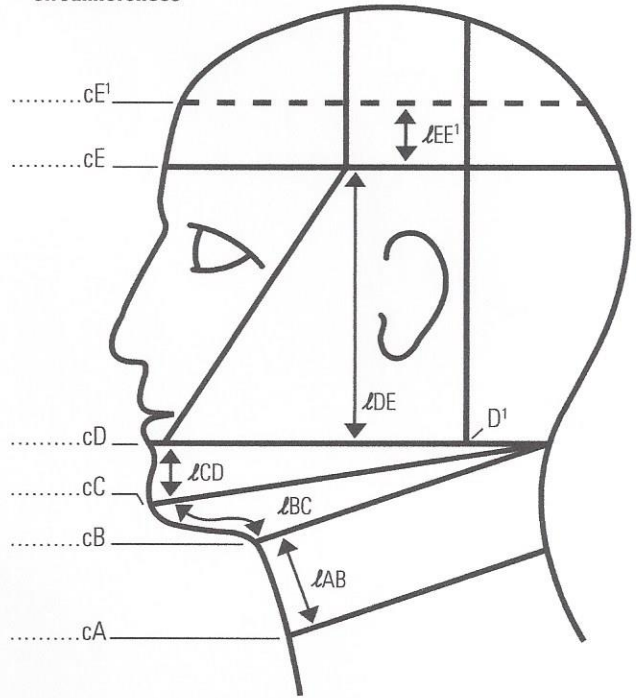
Closure Options

- 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

