

Patient details
Patient name ¹
Telephone
E-mail
Clinic/Hospital

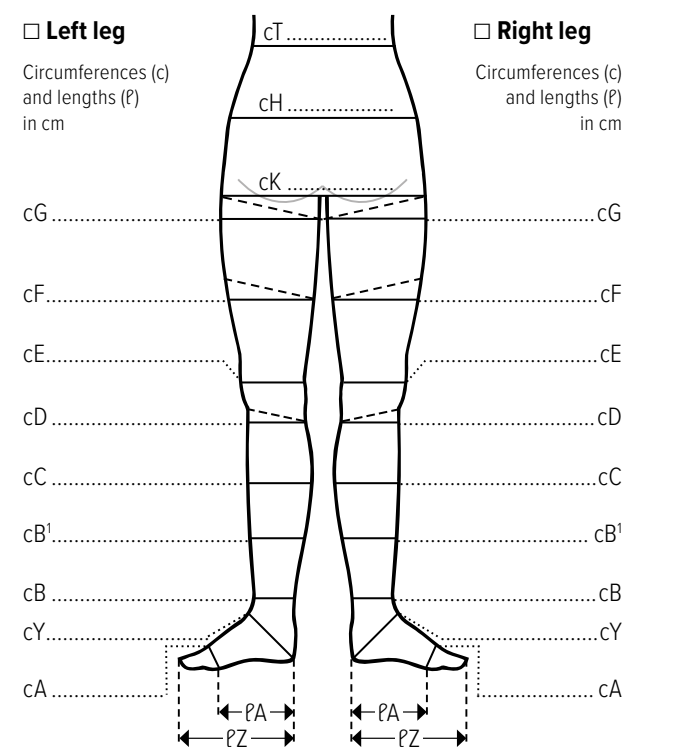
Order details
Order no.
Date measured
Measured by
Quantity _____ <input type="checkbox"/> Piece(s) _____ <input type="checkbox"/> Pair(s) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Diverse

Delivery address



Made-to-measure helpdesk
Phone +44 161 358 0104
E-mail sales@juzo.co.uk

Photo documentation will follow by e-mail²

Lengths	Length of body part K-T: front _____ back _____
PT:	<input type="checkbox"/> Left leg <input type="checkbox"/> Right leg
PH:	Circumferences (c) and lengths (P) in cm
PG:/PK:	
PF:	
PE:	
PD:	
PC:	
PB':	
PB:	
Foot length	
PA:	
Total foot length	
PZ:	
Foot options	
<input type="checkbox"/> Open toes	
<input type="checkbox"/> Closed toes	
<input type="checkbox"/> Instep stitching /T-heel	
<input type="checkbox"/> Ball stub (Slant)	
Interior _____ cm	
Exterior _____ cm	
Special instructions	
Made to measure form page _____ of _____	

Fabric	Compression class			
	1	2	3	4
	18 – 21 mmHg	23 – 32 mmHg	34 – 46 mmHg	≥ 49 mmHg
Juzo Expert	<input type="checkbox"/> 3021	<input type="checkbox"/> 3022	<input type="checkbox"/> 3023	<input type="checkbox"/> 3024
Juzo Expert Strong	<input type="checkbox"/> 3051	<input type="checkbox"/> 3052	<input type="checkbox"/> 3053	<input type="checkbox"/> 3054
Colour Open toe and Almond colour sent if options not specified. CCL 4 only available in colour Almond.				
<input type="checkbox"/> Sugar	<input type="checkbox"/> Sesame	<input type="checkbox"/> Almond	<input type="checkbox"/> Cinnamon	
<input type="checkbox"/> Cacao	<input type="checkbox"/> Poppy seed	<input type="checkbox"/> Blueberry	<input type="checkbox"/> Black pepper	
Trend Colours (CCL 1 – 3)				
Batik Collection (Expert only, CCL 1 – 3)	<input type="checkbox"/> Batik-White (specify other colour)		<input type="checkbox"/> Batik-Black (specify other colour)	
Model				
<input type="checkbox"/> AD	<input type="checkbox"/> AG	<input type="checkbox"/> AG with hip attachment	<input type="checkbox"/> AT	
<input type="checkbox"/> One-legged AT		<input type="checkbox"/> Capri pants	<input type="checkbox"/> Bermuda pants	<input type="checkbox"/> Body bandage only
Stocking options Stockings are made with a standard finish unless another border is specified				
Overheight <input type="checkbox"/> Standard <input type="checkbox"/> Max <input type="checkbox"/> At front				
Border	<input type="checkbox"/> Standard finish	<input type="checkbox"/> Silicone border 3.5 cm (only AD)		<input type="checkbox"/> Silicone border pattern (5 cm)
<input type="checkbox"/> Balance silicone border 3.5 cm (only AD)	<input type="checkbox"/> 5 cm	<input type="checkbox"/> Elastic border 3.5 cm (only AD)		
<input type="checkbox"/> Internal sewn-in silicone border (only with overheight)		<input type="checkbox"/> ¾ sewn-in silicone border (only with overheight)		
Silicone stopper <input type="checkbox"/> Outer side <input type="checkbox"/> Front <input type="checkbox"/> Back				
<input type="checkbox"/> Anatomically flexed form at "cE". Indicate inner back of knee crease "PE" <input type="checkbox"/> 30° <input type="checkbox"/> 50°: _____				
<input type="checkbox"/> Tricot lining at "cE" <input type="checkbox"/> Tricot lining at "cY"				
<input type="checkbox"/> Body bandage		Hip attachment (indicate circumference "cT") <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Pair		
Tights options				
Body part <input type="checkbox"/> Standard <input type="checkbox"/> Box type			Body part compression class: _____	
<input type="checkbox"/> Slip Form <input type="checkbox"/> Mat fit (pregnancy fastening)				
<input type="checkbox"/> Standard finish	<input type="checkbox"/> Waist band		<input type="checkbox"/> Silicone border (5 cm)	
<input type="checkbox"/> Adjustable waistband	<input type="checkbox"/> With touch fastener			
Bodypart <input type="checkbox"/> with zipper <input type="checkbox"/> with hook fastener <input type="checkbox"/> with touch fastener				
Gusset <input type="checkbox"/> Small <input type="checkbox"/> Mesh	<input type="checkbox"/> Compressive gusset	<input type="checkbox"/> Fly	<input type="checkbox"/> Scrotum	<input type="checkbox"/> Open crotch

Please check thoroughly before submitting. Juzo can take no responsibility for any inaccuracies provided on this form. Use the Online Ordering System to avoid missing essential details; this will speed delivery and enable us to provide top quality customer service.

¹ If the patient name is provided, the company placing the order confirms that it has obtained lawful consent in advance to forward and process the data of the affected patient.

² Due to the principle of data minimisation under data protection law, we recommend that you only send in a photo in the case of difficult anatomical features.