Medical Stockings Online

501 Goodlette Road N., Naples FL 34102
www.MedicalStockingsOnline.com
800-809-0342

Juzo Pantyhose
Custom Order Form

Toll free FAX 888-872-6070

ORDERED BY (NAME AND ADDRESS)	Office Number FAX Number	

PATIENT'S NAME	first	MI	last

PATIENT'S MAILING ADDRESS		Ship to patient's address referrer's address DMS	PATIENT'S PHONE

CREDIT CARD _

EXPIRATION DATE ____ / ____

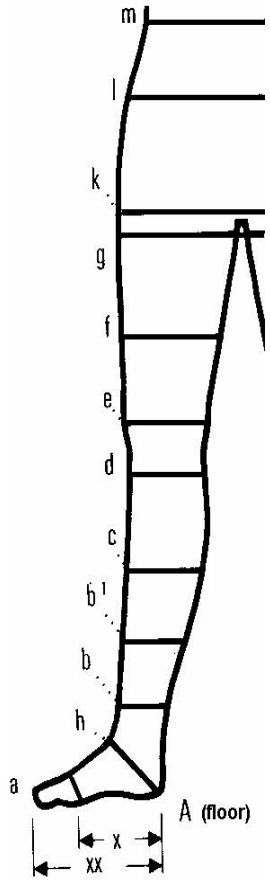
Name Card Holder , if different from above:

Signature of Card Holder:

Measurement
☐ inch
☐ cm

I understand that this is a custom made garment and the garment will be made to the measurements specified. This garment can be returned for alterations.
Sign Here:

Affected leg ☐ Left ☐ Right	Unaffected ☐ Left ☐ Right	Circumference	Affected leg ☐ Left ☐ Right	Unaffected ☐ Left ☐ Right	Length
		m			A-m
		l			A-l
		k			A-g
		f			A-f
		e			A-e
		d			A-d
		c			A-c
		b1			A-b1
		b			A-b
		h			x foot length
		a	if full foot desired complete xx		xx total foot



Call or fax completed form for a price quote.