

Medical Stockings Online

2335 Tamiami Tr Ste 204-A Naples FL 34103

www.MedicalStockingsOnline.com

800-809-0342

Juzo Custom Knee High

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
			PATIENT'S PHONE
CREDIT CARD		EXPIRATION DATE	
Name Card Holder , if different from above:		____ / ____	
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.		Signature of Card Holder: Sign Here:	
Please complete for one or both legs - call or fax for price quote			
Calf height 7 to 10 days			
Varin Soft	Circle comp: 20-30 30-40 40-50	Circle: Open toe Full foot extra	Circle: No Silicone Silicone extra
Circle Measurement inch cm		Affected leg: Left Right Both	
Circumference			Length
Left	Right	Left	Right
			A-d
			A-c
			A-b1
			A-b
			X foot length
		if full foot desired complete xx	XX total foot

