

# Medical Stockings Online

501 Goodlette Road N., Naples FL 34102

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:		Signature of Card Holder:	
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:	
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

