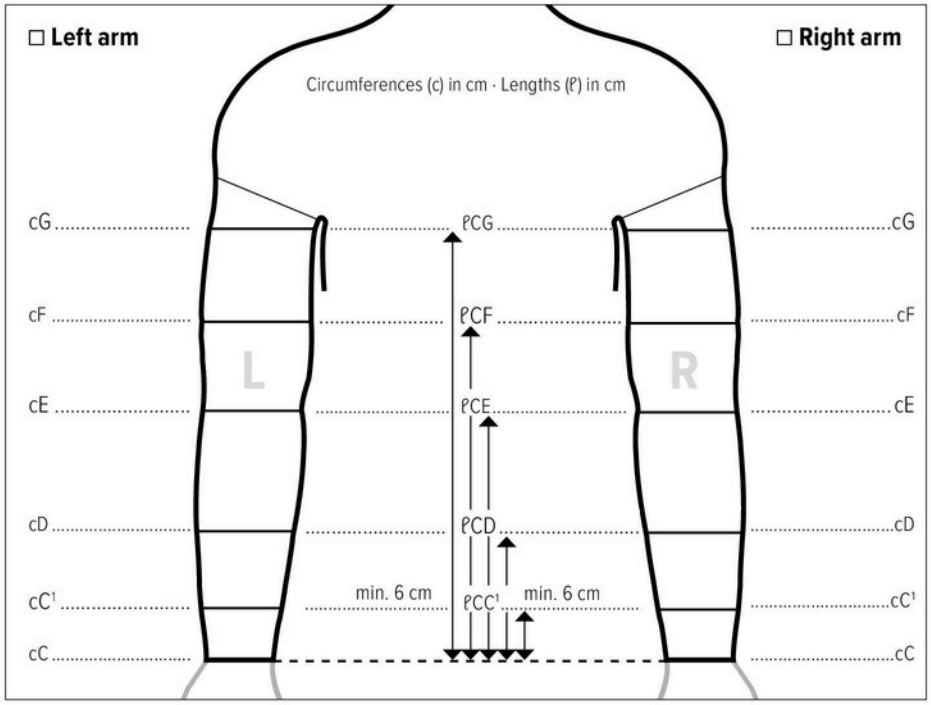
Juzo SoftCompress

Date: ..... ☐ Order ☐ Quotation only

Juzo

Company stamp, phone (in block letters)	**Patient details** ☐ Photo documentation will follow by e-mail[1]
	Order no.[2]: ☐ Female ☐ Male ☐ Diverse
	Order number / process number: ..... Previous order no. / Quotation no. / Date: .....
Contact person:	Quantity: ..... Piece ..... Customer no.: .....

☐ **Left arm** ☐ **Right arm**



Model Arm

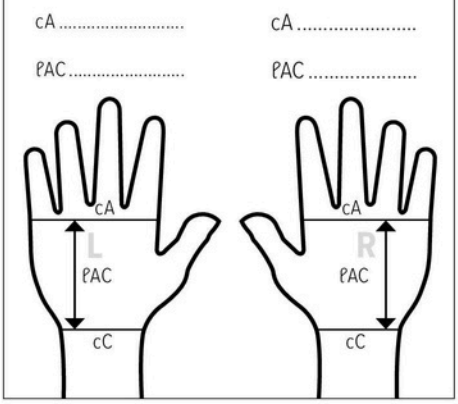
☐ Bandage Arm (Art. 6822)

Border (We recommend a diagonal top.)

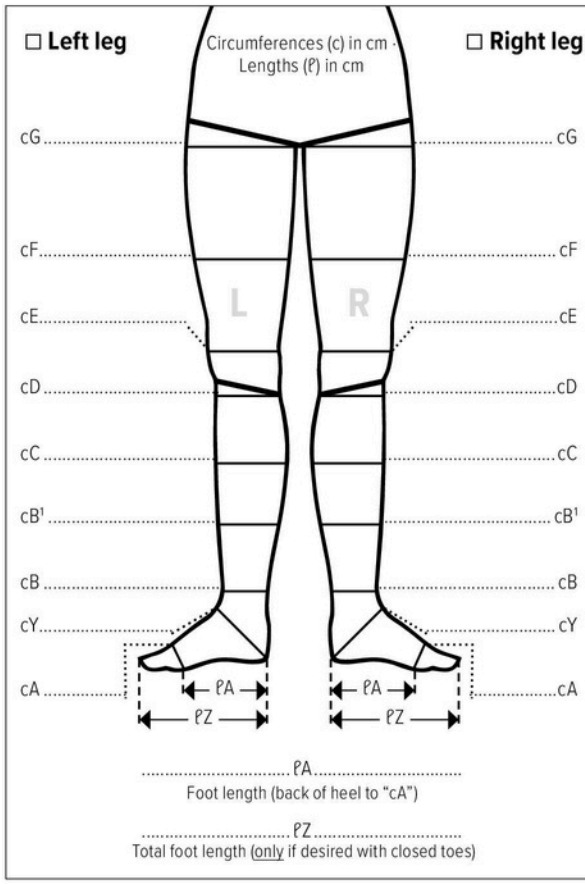
☐ Diagonal top ☐ Straight top

☐ **Left hand** ☐ **Right hand**

Circumferences (c) in cm · Lengths (ℓ) in cm



☐ **Left leg** ☐ **Right leg**



ℓA
Foot length (back of heel to "cA")

ℓZ
Total foot length (only if desired with closed toes)

Lengths in cm	
Left leg	**Right leg**
ℓG:	ℓG:
ℓF:	ℓF:
ℓE:	ℓE:
ℓD:	ℓD:
ℓC:	ℓC:
ℓB¹:	ℓB¹:
ℓB:	ℓB:

Ball stub / diagonal foot (indicate "ℓA")	
Interior:	Interior:
Exterior:	Exterior:

Model Leg

☐ Bandage Lower Leg (Art. 6830)

☐ Bandage Lower Leg and Thigh (Art. 6820)

Border (We recommend a diagonal top.)

☐ Diagonal top ☐ Straight top

Toe

☐ Open foot sole (standard)
☐ Closed foot sole
- ☐ Closed toes
- ☐ Open toes
  - ☐ Diagonal foot (Indicate internal and external foot length.)
  - ☐ Straight foot

Scan to view the Juzo range on the OPC Health website

Special requests (in block letters):

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[1] 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.
[2] 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.

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