

Juzo SoftCompress

Date:

Order Quotation only

Company stamp, phone (in block letters)	Patient details <input type="checkbox"/> Photo documentation will follow by e-mail ¹	
	Order no.?:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Diverse
Contact person:	Order number / process number:	Previous order no. / Quotation no. / Date:
	Quantity: Piece	Customer no.:

	Genital pad	
	<input type="checkbox"/> Female (Art. 6839)	<input type="checkbox"/> Male (Art. 6840)
	Quantity:	Quantity:
	Measurements in cm	
	H (belly / max. novel to crotch):	
	H ¹ (bottom of pubic bone to perineum):	
	B (between the hip joints):	
	B ¹ (width crotch / scrotum):	

	Breast Pad (Art. 6837)	
	Quantity:	
	Measurements in cm	
	Cup:	
	H (length entire chest along sternum):	
	B (breast bone to shoulder blade):	

	Breast bandage (Art. 6838)	
	Quantity:	
	Cup:	
	Measurements in cm	
	cB (breast circumference):	
	cU (underbreast circumference):	

	Pad	
	<input type="checkbox"/> Elbow joint (Art. 6842)	<input type="checkbox"/> Knee joint (Art. 6845)
	Quantity:	Quantity:
	Measurements in cm	
	H (max. 16 cm):	H (max. 23 cm):
	B (max. 13 cm):	B (max. 19 cm):

	Hand Pad (Art. 6844)	
	Quantity:	
	Measurements in cm	
	H ¹ :	B ¹ :
	H ² :	B ² :
	Cut-out middle finger · H ³ :	B ³ :
	Cut-out ring finger · H ⁴ :	B ⁴ :

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.