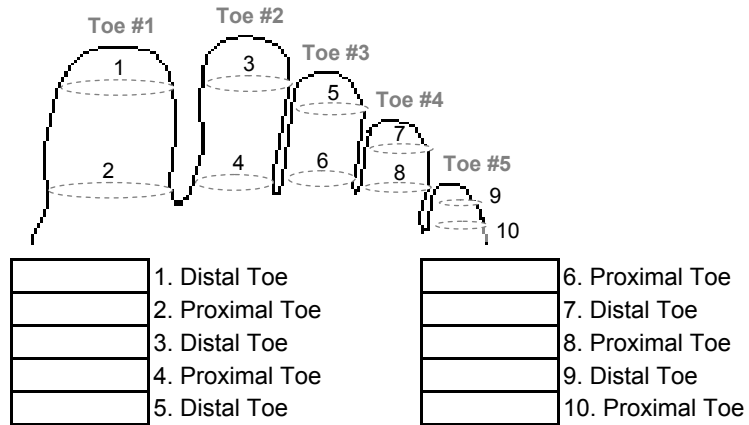




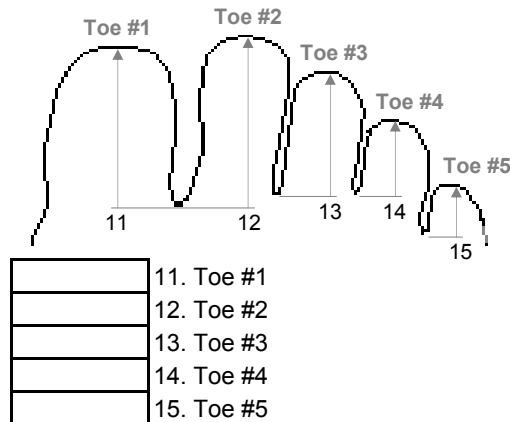
From: _____
 Date: ____/____/____
 Patient: _____
 Date of Birth: ____/____/____
 Organization File No. _____
 Medical Z File No. _____
 Measured By _____ / _____

Comments: _____

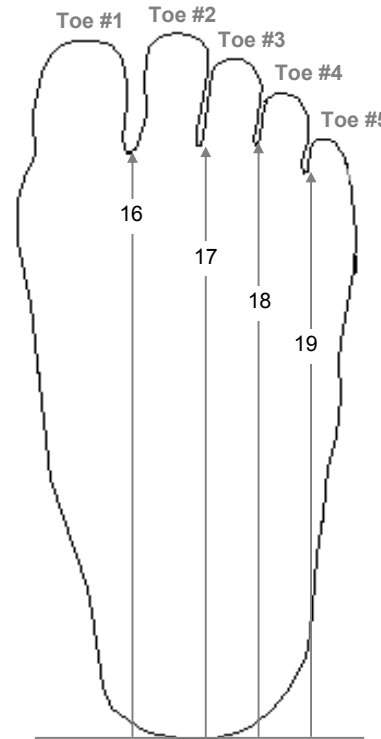
Toe Circumferences



Toe Lengths



Foot Lengths



_____	16. Heel to Web Space Between Toes 1&2
_____	17. Heel to Web Space Between Toes 2&3
_____	18. Heel to Web Space Between Toes 3&4
_____	19. Heel to Web Space Between Toes 4&5

IMPORTANT: this form must accompany the stocking/anklet form in order to manufacture the foot glove.

Right Foot Glove

Left Foot Glove

Toes Open Tips

Toes Closed Tips

Attached Foot Glove

Unattached Foot Glove

Color

Coolmax
 Reg. Fabric