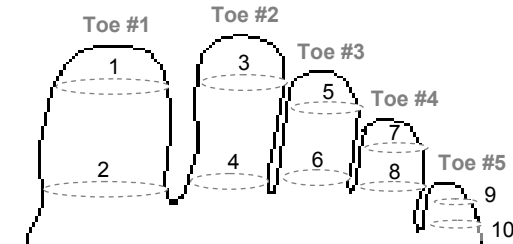




From: _____
 Date: ____/____/____
 Patient: _____
 Date of Birth: ____/____/____
 Organization File No. _____
 Medical Z File No. _____
 Measured By _____ / _____

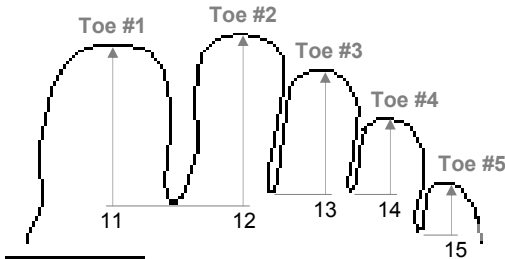
Comments: _____

Toe Circumferences



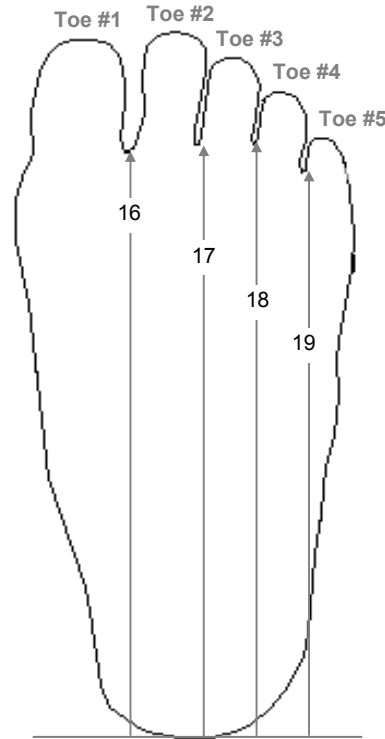
- | | | | |
|----------------------|-----------------|----------------------|------------------|
| <input type="text"/> | 1. Distal Toe | <input type="text"/> | 6. Proximal Toe |
| <input type="text"/> | 2. Proximal Toe | <input type="text"/> | 7. Distal Toe |
| <input type="text"/> | 3. Distal Toe | <input type="text"/> | 8. Proximal Toe |
| <input type="text"/> | 4. Proximal Toe | <input type="text"/> | 9. Distal Toe |
| <input type="text"/> | 5. Distal Toe | <input type="text"/> | 10. Proximal Toe |

Toe Lengths



- | | |
|----------------------|------------|
| <input type="text"/> | 11. Toe #1 |
| <input type="text"/> | 12. Toe #2 |
| <input type="text"/> | 13. Toe #3 |
| <input type="text"/> | 14. Toe #4 |
| <input type="text"/> | 15. Toe #5 |

Foot Lengths



- | | |
|----------------------|--|
| <input type="text"/> | 16. Heel to Web Space Between Toes 1&2 |
| <input type="text"/> | 17. Heel to Web Space Between Toes 2&3 |
| <input type="text"/> | 18. Heel to Web Space Between Toes 3&4 |
| <input type="text"/> | 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.

- | | |
|----------------------|-------------------------|
| <input type="text"/> | Right Foot Glove |
| <input type="text"/> | Left Foot Glove |
| <input type="text"/> | Toes Open Tips |
| <input type="text"/> | Toes Closed Tips |
| <input type="text"/> | Attached Foot Glove |
| <input type="text"/> | Unattached Foot Glove |
| <input type="text"/> | Color |
| <input type="text"/> | Coolmax |
| <input type="text"/> | Reg. Fabric |