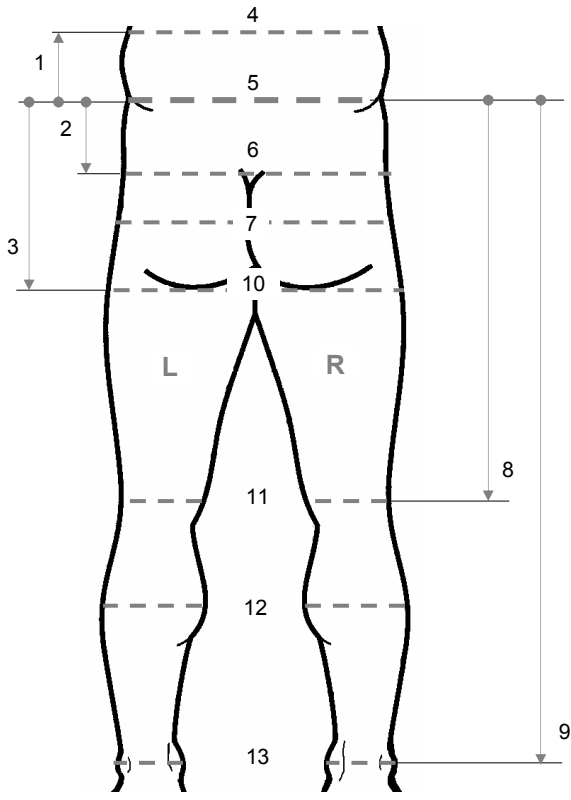


# MEDICAL



**From:** \_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Patient:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Organization File No** \_\_\_\_\_  
**Medical Z File No.** \_\_\_\_\_  
**Measured By** \_\_\_\_\_ / \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Coolmax  
 Reg. Fabric

<input type="checkbox"/>		1. Waist to End of Support	Length
<input type="checkbox"/>		2. Waist to Greater Trochanter	Length
<input type="checkbox"/>		3. Waist to Fold of Buttocks	Length
<input type="checkbox"/>		4. End of Support	Circum
<input type="checkbox"/>		5. Waist	Circum
<input type="checkbox"/>		6. Greater Trochanter	Circum
<input type="checkbox"/>		7. Largest Part of Buttocks	Circum
<input type="checkbox"/>	R	8. Waist to Knee	Length
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	9. Waist to Ankle	Length
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	10. Proximal Thigh Right and left	Circum
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	11. Knee ( Mid Patella ) R & L	Circum
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	12. Calf R & L	Circum
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	13. Ankle R & L ( Malleolus )	Circum
<input type="checkbox"/>	L		

Panty  
 Shorts  
 Shorts below Knee

**Styles**

Waist Height, 1 Leg  
 Waist Height, 1 Long & 1 Short Leg  
 Waist Height, 2 Long Legs

**Options**

Lining  
 Padding  
 Velcro Tabs

Zipper Location

<input type="checkbox"/>	<input type="checkbox"/>	Lateral (outside)
<input type="checkbox"/>	<input type="checkbox"/>	Medial (inside)

**Color**

Attached R  
 Attached L

Closed Pubic Pocket  
 Closed Pubic Fly  
 Open Pubic

*attached stocking will require #s 4-9 from the Below Knee and Foot Form*