

MEDICAL



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

Comments: _____

Circumferences

- 4. Ankle (malleolus)
- 5. Heel
- 6. Vault of Foot
- 7. Tarsalmetatarsal Joint
- 8. MP Joint

Right	Left

Lengths

- 9. Foot Length
 - 10. Ankle to Under Calf
- #'s 4-9 for attached stockings*

Right	Left

Options

Zipper Location

- Lateral (outside)
- Medial (inside)

Right	Left

Velcro Closure

- Lateral (outside)
- Medial (inside)

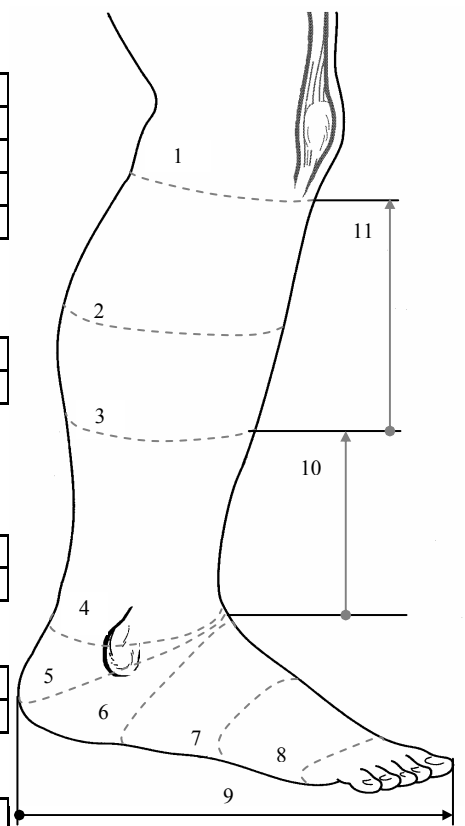
Right	Left

- Reinforced Heel
- Soft Toes
- Attached Stocking
- Open Toes
- Closed Toes

Right	Left

Medical "Z Grip"

Right	Left



Coolmax
 Reg. Fabric

Circumferences

Right	Left

- 1. End of Support
- 2. Calf (Largest Circumference)
- 3. Under Calf (Between Calf #2 and Ankle #4)

Right	Left

- Length**
- 11. Under Calf to Below Knee

Styles

- Anklet**
(this garment requires #s 3-10)
- Stocking to Knee**
(this garment requires #s 1-11)
- Stocking to Thigh**
(this garment requires #s 4-9)
PLUS (3, 8, 9 along with 10-13 of the Waist Height Form)

Color

Note _____
