



From:

Patient's Name (Last, First):

Address :

Medical Z file number:

Date of Birth

Sex

Order date

Measured by

FOOT (attached to leg)

STOCKING

**Circumferences**

- |                                            |                      |                      |
|--------------------------------------------|----------------------|----------------------|
| <b>1</b> Metatarsal / Phalangeal Joints    | <input type="text"/> | <input type="text"/> |
| <b>2</b> Tarsal / Metatarsal Joints        | <input type="text"/> | <input type="text"/> |
| <b>3</b> Plantar vault                     | <input type="text"/> | <input type="text"/> |
| <b>4</b> Heel                              | <input type="text"/> | <input type="text"/> |
| <b>5</b> Ankle                             | <input type="text"/> | <input type="text"/> |
| <b>6</b> Top of support (for Low stocking) | <input type="text"/> | <input type="text"/> |

**Lengths**

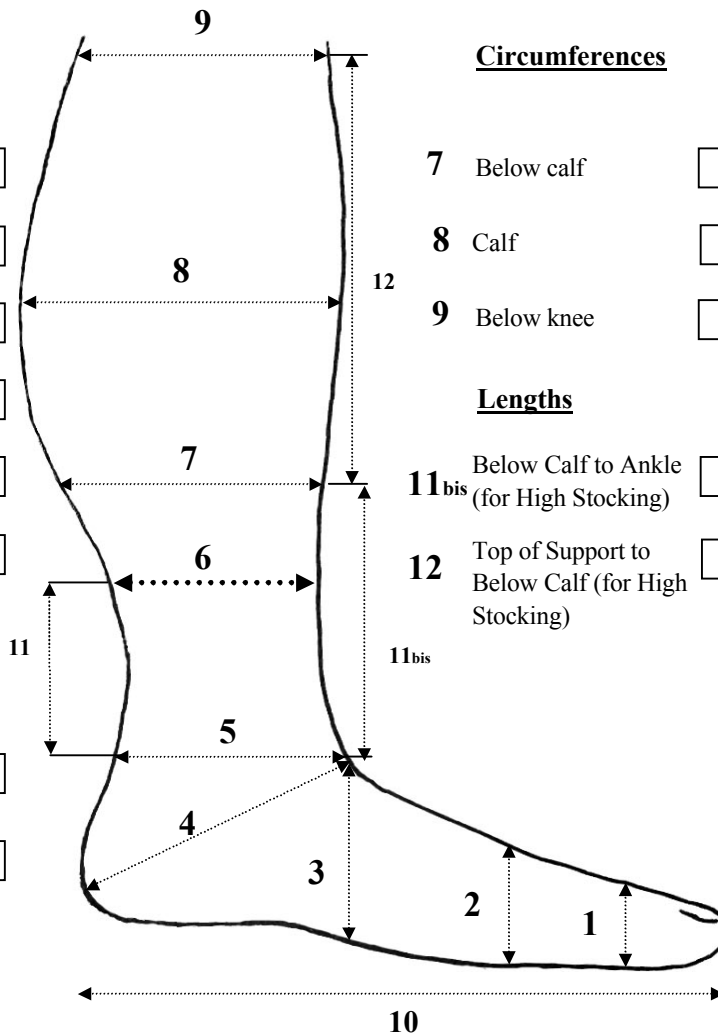
- |                                                                    |                      |                      |
|--------------------------------------------------------------------|----------------------|----------------------|
| <b>10</b> Foot Length                                              | <input type="text"/> | <input type="text"/> |
| <b>11</b> Distance From Ankle to top of support (for Low stocking) | <input type="text"/> | <input type="text"/> |

**Circumferences**

- |                     |                      |                      |
|---------------------|----------------------|----------------------|
| <b>7</b> Below calf | <input type="text"/> | <input type="text"/> |
| <b>8</b> Calf       | <input type="text"/> | <input type="text"/> |
| <b>9</b> Below knee | <input type="text"/> | <input type="text"/> |

**Lengths**

- |                                                            |                      |                      |
|------------------------------------------------------------|----------------------|----------------------|
| <b>11bis</b> Below Calf to Ankle (for High Stocking)       | <input type="text"/> | <input type="text"/> |
| <b>12</b> Top of Support to Below Calf (for High Stocking) | <input type="text"/> | <input type="text"/> |



- Colours**
- Black
  - Beige
  - Blue

- Coolmax® Fabric**
- Standard Fabric**

- |                          |              |                          |             |
|--------------------------|--------------|--------------------------|-------------|
| <input type="checkbox"/> | <b>Right</b> | <input type="checkbox"/> | <b>Left</b> |
| <input type="checkbox"/> | Closed       | <input type="checkbox"/> | Closed      |
| <input type="checkbox"/> | Open         | <input type="checkbox"/> | Open        |