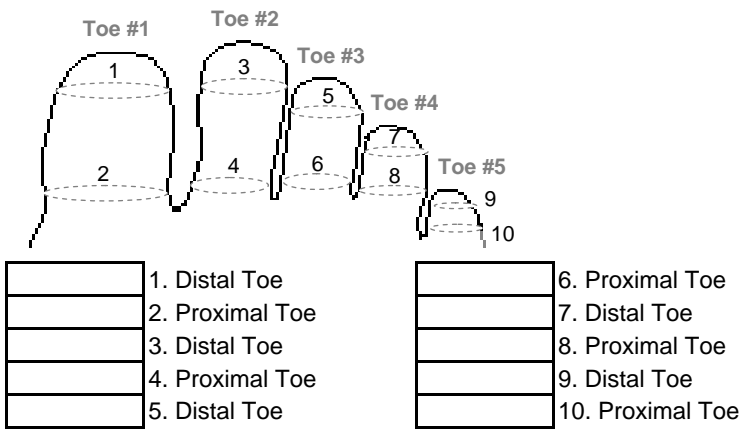




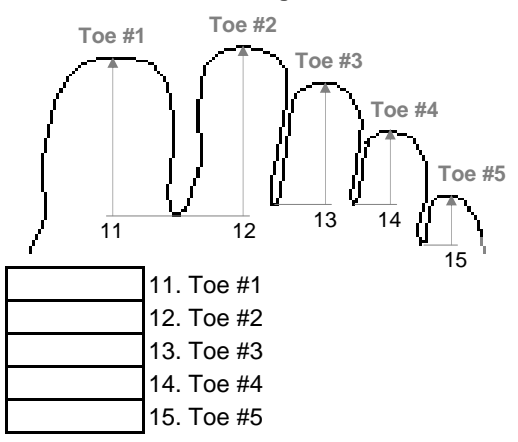
From: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Patient: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Organization File No. \_\_\_\_\_  
 Medical Z File No. \_\_\_\_\_  
 Measured By \_\_\_\_\_/\_\_\_\_\_

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

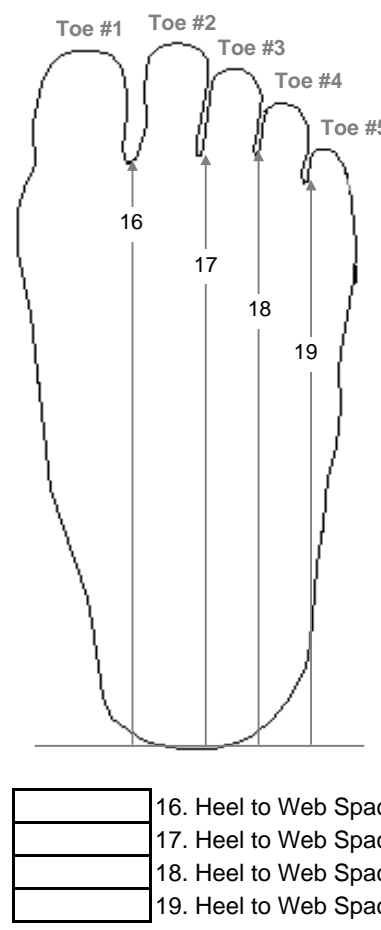
### Toe Circumferences



### Toe Lengths



### Foot Lengths



**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

Wellness  
 Coolmax  
 Reg. Fabric