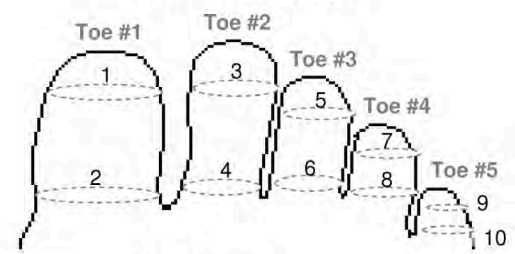




From: _____
Date: ____ / ____ / ____
Patient: _____
Date of Birth: ____ / ____ / ____
Sex: (Circle One) Male Female
Organization File No _____
Medical Z File No. _____
Measured By _____ / _____

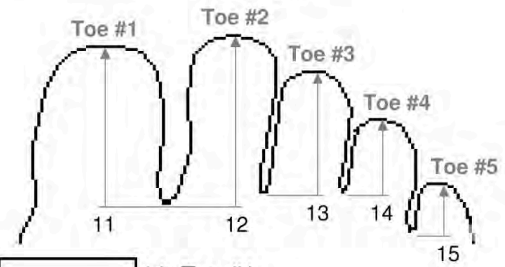
Comments:

Toe Circumferences



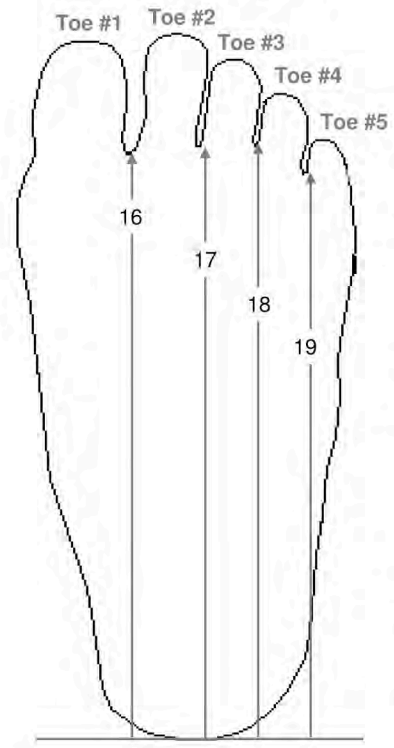
- | | | | |
|----------------------|-----------------|----------------------|------------------|
| <input type="text"/> | 1. Distal Toe | <input type="text"/> | 6. Proximal Toe |
| <input type="text"/> | 2. Proximal Toe | <input type="text"/> | 7. Distal Toe |
| <input type="text"/> | 3. Distal Toe | <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.

Right Foot Glove

Left Foot Glove

Toes Open Tips

Toes Closed Tips

Attached Foot Glove

Unattached Foot Glove

Color

Fresh Fabrics

Coolmax

Standard