



From

Patient's Name (Last, First)

Address

Medical Z file number

Date of Birth

Sex

Order date

Measured by

--	--	--	--	--

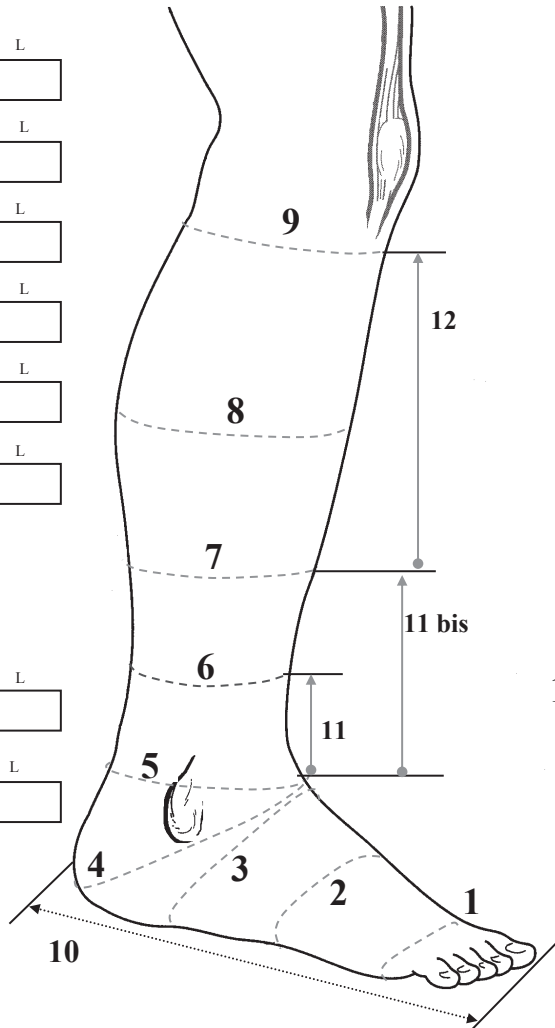
**Circumferences**

**FOOT** (attached to leg)       **STOCKING**

- 1 Metatarsal / Phalangeal Joints  R  L
- 2 Tarsal / Metatarsal Joints  R  L
- 3 Plantar vault  R  L
- 4 Heel  R  L
- 5 Ankle  R  L
- 6 Top of support (for Low stocking)  R  L

**Lengths**

- 10 Foot Length  R  L
- 11 Distance From Ankle to top of support (for Low stocking)  R  L



**Circumferences**

- 7 Below calf  R  L
- 8 Calf  R  L
- 9 Below knee  R  L

**Lengths**

- 11 bis Below Calf to Ankle (for High Stocking)  R  L
- 12 Top of Support to Below Calf (for High Stocking)  R  L

- Right**
- Closed
- Open
  
- Left**
- Closed
- Open

Tissues	Colors	Seams
<input type="checkbox"/> Standard	<input type="checkbox"/> Black	<input type="checkbox"/> Black
<input type="checkbox"/> Coolmax®	<input type="checkbox"/> Beige	<input type="checkbox"/> Beige
<input type="checkbox"/> Fresh Fabrics®	<input type="checkbox"/> Blue	<input type="checkbox"/> Blue
	<input type="checkbox"/> Pink (except Standard)	<input type="checkbox"/> Pink
		<input type="checkbox"/> White

Unless otherwise indicated, the pink color will be made in white stitching.