



**MEDICAL Z®**

Patient's Name (Last, First)

Address

From

Medical Z file number

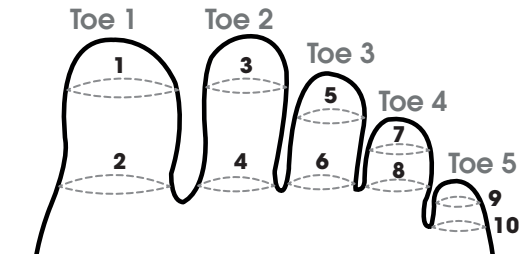
Date of birth

Sex

Order date

Measured by

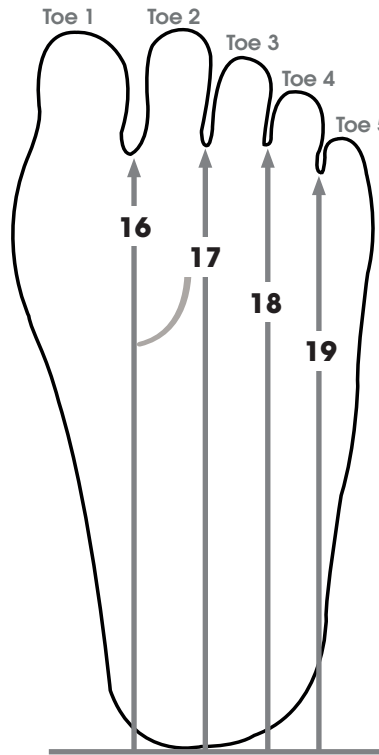
**TOE CIRCUMFERENCES**



<input type="text"/>	1 - Distal Toe
<input type="text"/>	2 - Proximal Toe
<input type="text"/>	3 - Distal Toe
<input type="text"/>	4 - Proximal Toe
<input type="text"/>	5 - Proximal Toe

<input type="text"/>	6 - Distal Toe
<input type="text"/>	7 - Proximal Toe
<input type="text"/>	8 - Distal Toe
<input type="text"/>	9 - Proximal Toe
<input type="text"/>	10 - Proximal Toe

**FOOT LENGTHS**



**IMPORTANT :** this form must accompany the stocking/anklet form in order to manufacturer the foot glove.

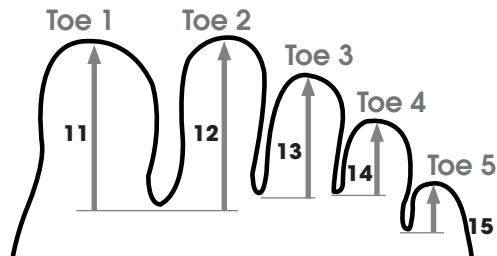
<input type="text"/>	Right Foot Glove
<input type="text"/>	Left Foot Glove

<input type="text"/>	Attached Foot Glove
<input type="text"/>	Unattached Foot Glove

<input type="text"/>	Toes Open Tips
<input type="text"/>	Toes Closed Tips

<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

**TOE LENGTHS**



<input type="text"/>	11 - Toe n°1
<input type="text"/>	12 - Toe n°2
<input type="text"/>	13 - Toe n°3

<input type="text"/>	14 - Toe n°4
<input type="text"/>	15 - Toe n°5

**Tissues**

<input type="checkbox"/>	Standard
<input type="checkbox"/>	Coolmax®
<input type="checkbox"/>	Fresh Fabrics®

**Colors**

<input type="checkbox"/>	Black
<input type="checkbox"/>	Beige
<input type="checkbox"/>	Blue
<input type="checkbox"/>	Pink (except Standard)

**Seams**

<input type="checkbox"/>	Black
<input type="checkbox"/>	Beige
<input type="checkbox"/>	Blue
<input type="checkbox"/>	Pink
<input type="checkbox"/>	White

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

Comments : .....

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