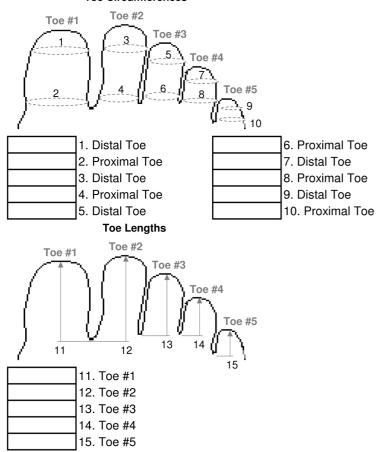


From:
Date:/
Patient:
Date of Birth:/
Sex: (Circle One) Male Female
Organization File No
Medical Z File No.
Measured By//

Comments:	

Toe Circumferences



Foot Lengths IMPORTANT: this form must accompany Toe #2 Toe #1 the stocking/anklet form in order to Toe #3 manufactor the foot glove. Toe #4 Toe #5 Right Foot Glove Left Foot Glove 16 17 Toes Open Tips **Toes Closed Tips** 18 19 Attached Foot Glove Unattacched Foot Glove Color Fresh Fabrics Coolmax Standard

16. Heel to Web Space Between Toes 1&2

17. Heel to Web Space Between Toes 2&3

18. Heel to Web Space Between Toes 3&4

19. Heel to Web Space Between Toes 4&5