



CUSTOM MADE BURN GARMENTS - ADDITIONAL OPTIONS

NAME OF THE PATIENT:

DATE:

FILE #:

DOB:

PANTS

Zipper Yes No if yes indicate Length Right: _____ cm Left: _____ cm

(Min length is 3 cm) Left Medial Lateral Right Medial Lateral

Ankle End Elastic Anti Slip Bias Tape Serge Stitch

Pubic Closure Open Closed
If closed Vertical Fly Men's Contour Pouch Standard

Padding Yes No if yes indicate where on chart
Length: _____ cm Height: _____ cm

Lining Yes No if yes indicate where on chart
Length: _____ cm Height: _____ cm

Velcro Tabs Yes No

Anti-Slip at Waist Yes No

STOCKING

Zipper Yes No if yes indicate Length Right: _____ cm Left: _____ cm

(Min length is 3 cm) Left Medial Lateral Right Medial Lateral

Stocking Design Standard Four Seams Interim Design

Medical Z Grip Yes No Only available on Four Seam & Interim design

Proximal End Elastic Anti Slip Bias Tape Serge Stitch

Soft Toes Yes No

Reinforced Heel Yes No

Attached Stocking Yes No if yes Left Right

Foot Glove Yes No if yes attach - BMZ 7 Foot Glove form