



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

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Circumferences**

1. End of Support
2. Calf (Largest Circumference)
3. Under Calf (Between #2 and #4)
4. Ankle ( malleolus )
5. Heel
6. Vault of Foot
7. Tarsalmetatarsal Joint
8. MP Joint

Right	Left

**Lengths**

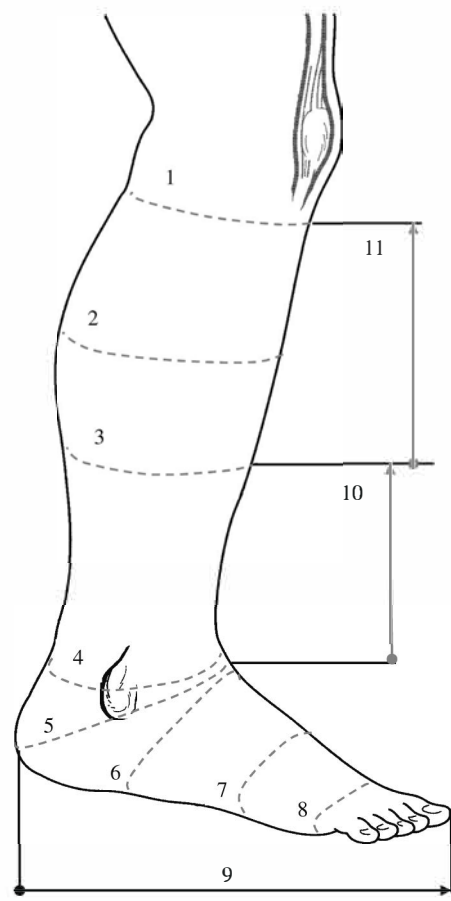
Right	Left

**Styles**

- Anklet**  
*(this garment requires #s 3-10)*  
 **Stocking to Knee**  
*(this garment requires #s 1-11)*  
 **Stocking to Thigh**  
*( this garment requires #s 4-9)*  
*PLUS (Leg measurements)*

- Open**  
 **Closed**

**Use the additional options stocking form**



- Fresh Fabrics**  
 **Coolmax**  
 **Standard**  
 **Color**