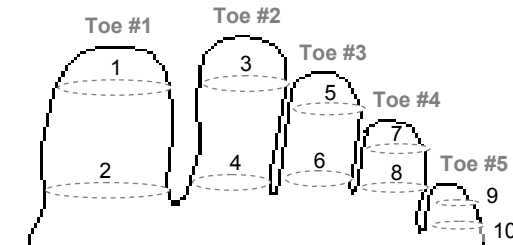




From: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Patient: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Organization File No. \_\_\_\_\_  
 Medical Z File No. \_\_\_\_\_  
 Measured By \_\_\_\_\_ / \_\_\_\_\_

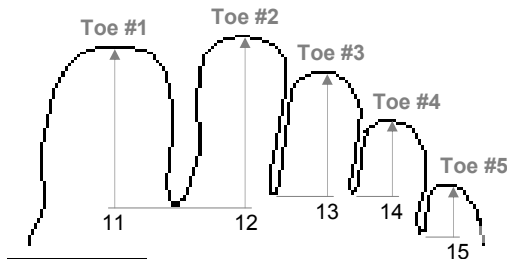
Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Toe Circumferences



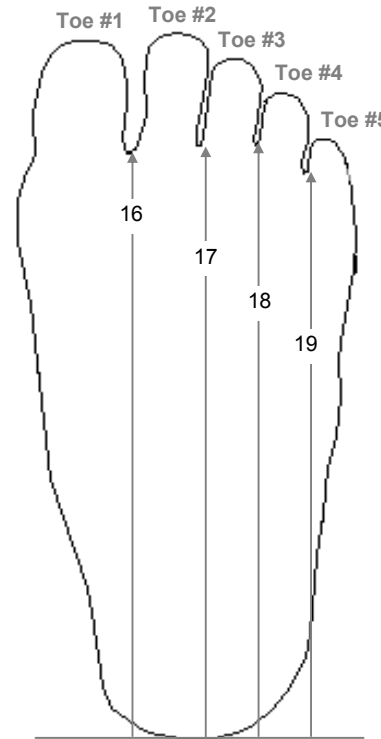
- |                      |                 |                      |                  |
|----------------------|-----------------|----------------------|------------------|
| <input type="text"/> | 1. Distal Toe   | <input type="text"/> | 6. Proximal Toe  |
| <input type="text"/> | 2. Proximal Toe | <input type="text"/> | 7. Distal Toe    |
| <input type="text"/> | 3. Distal Toe   | <input type="text"/> | 8. Proximal Toe  |
| <input type="text"/> | 4. Proximal Toe | <input type="text"/> | 9. Distal Toe    |
| <input type="text"/> | 5. Distal Toe   | <input type="text"/> | 10. Proximal Toe |

### Toe Lengths



- |                      |            |
|----------------------|------------|
| <input type="text"/> | 11. Toe #1 |
| <input type="text"/> | 12. Toe #2 |
| <input type="text"/> | 13. Toe #3 |
| <input type="text"/> | 14. Toe #4 |
| <input type="text"/> | 15. Toe #5 |

### Foot Lengths



- |                      |  |
|----------------------|--|
| <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 |

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

- |                      |                         |
|----------------------|-------------------------|
| <input type="text"/> | <b>Right Foot Glove</b> |
| <input type="text"/> | <b>Left Foot Glove</b>  |
| <input type="text"/> | Toes Open Tips          |
| <input type="text"/> | Toes Closed Tips        |
| <input type="text"/> | Attached Foot Glove     |
| <input type="text"/> | Unattached Foot Glove   |
| <input type="text"/> | <b>Color</b>            |
| <input type="text"/> | <b>Coolmax</b>          |
| <input type="text"/> | <b>Reg. Fabric</b>      |