



**Hand Trace
Guide**

Organization: _____ Date: ____ / ____ / ____ File Number: _____

Patients Name: _____ Right Hand _____ Left Hand _____

Middle Finger

- ✓ Place R or L hand palm down with the middle finger on the vertical line, wrist on the horizontal line and thumb on the dotted 45° line.
- ✓ Naturally spread the fingers on the sheet allowing for clear tracing of each fingers.
- ✓ Trace hand using a black ink pen.
- ✓ Mark the desired length for each finger sleeve.
- ✓ Fax this form along with hand form at 210-521-6874



Thumb Right

Thumb Left

Wrist Line

