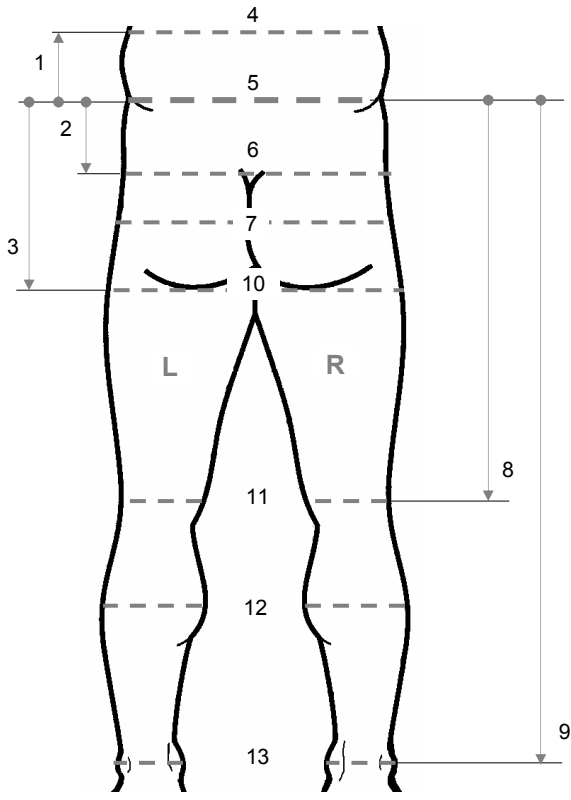


MEDICAL



From: _____
Date: ____/____/____
Patient: _____
Date of Birth: ____/____/____
Organization File No _____
Medical Z File No. _____
Measured By _____ / _____

Comments: _____



Coolmax
 Reg. Fabric

<input type="checkbox"/>		1. Waist to End of Support	Length
<input type="checkbox"/>		2. Waist to Greater Trochanter	Length
<input type="checkbox"/>		3. Waist to Fold of Buttocks	Length
<input type="checkbox"/>		4. End of Support	Circum
<input type="checkbox"/>		5. Waist	Circum
<input type="checkbox"/>		6. Greater Trochanter	Circum
<input type="checkbox"/>		7. Largest Part of Buttocks	Circum
<input type="checkbox"/>	R	8. Waist to Knee	Length
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	9. Waist to Ankle	Length
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	10. Proximal Thigh Right and left	Circum
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	11. Knee (Mid Patella) R & L	Circum
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	12. Calf R & L	Circum
<input type="checkbox"/>	L		
<input type="checkbox"/>	R	13. Ankle R & L (Malleolus)	Circum
<input type="checkbox"/>	L		

Panty
 Shorts
 Shorts below Knee

Styles

Waist Height, 1 Leg
 Waist Height, 1 Long & 1 Short Leg
 Waist Height, 2 Long Legs

Options

Lining
 Padding
 Velcro Tabs

Zipper Location

<input type="checkbox"/>	<input type="checkbox"/>	Lateral (outside)
<input type="checkbox"/>	<input type="checkbox"/>	Medial (inside)

Attached R
 Attached L

Closed Pubic Pocket
 Closed Pubic Fly
 Open Pubic

Color

attached stocking will require #s 4-9 from the Below Knee and Foot Form