



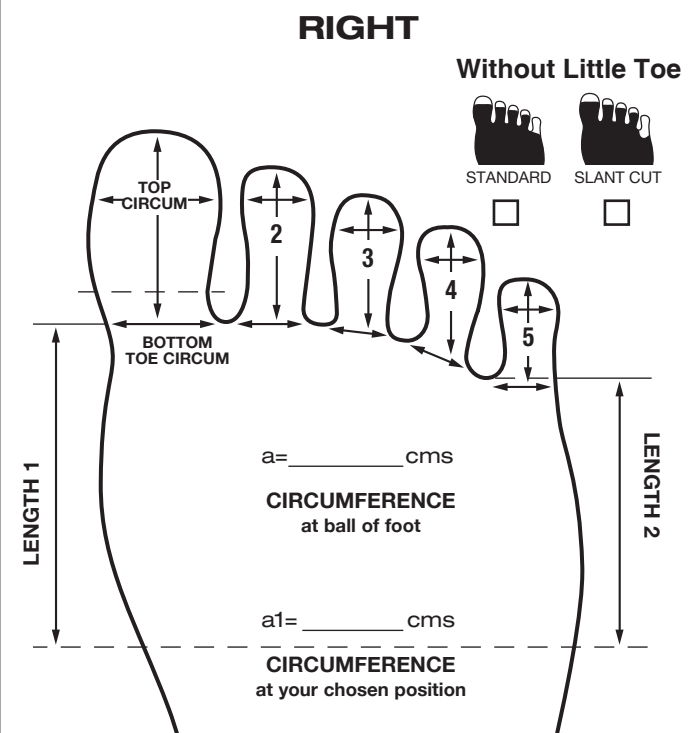
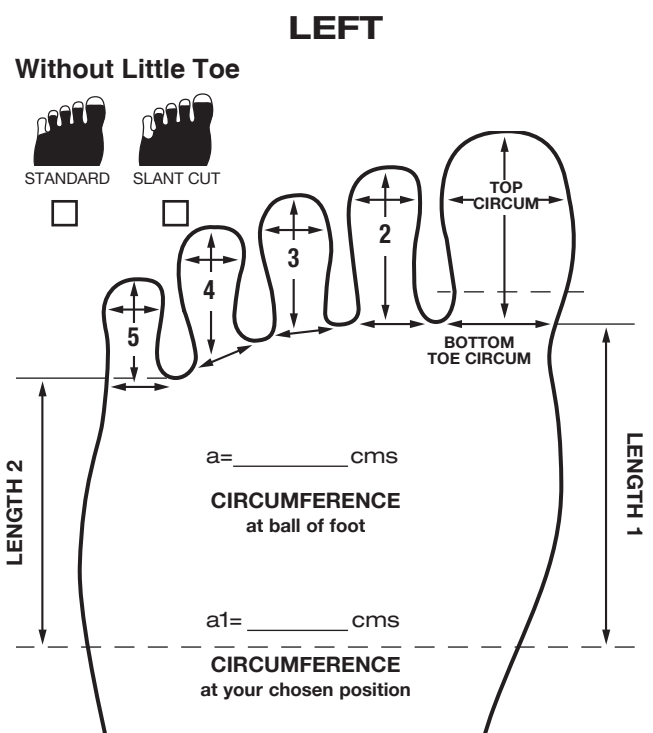
Patient Name	Order No.	Repeat Garment No.
Date Measured	Clinic / Hospital	
Measured by	Telephone	E-mail

1 FOOT LENGTH MEASUREMENTS

LEFT			RIGHT		
LENGTH 1:	_____ cms		LENGTH 1:	_____ cms	
LENGTH 2:	_____ cms		LENGTH 2:	_____ cms	

2 FOOT CIRCUMFERENCE, TOE MEASUREMENTS & STYLE

CIRCUMFERENCE	TOE	TOE 5	TOE 4	TOE 3	TOE 2	TOE 1	TOE	TOE 1	TOE 2	TOE 3	TOE 4	TOE 5	CIRCUMFERENCE
	TOP CIRCUM						TOP CIRCUM						
	BOTTOM CIRCUM						BOTTOM CIRCUM						
	TOE LENGTH						TOE LENGTH						



3 SELECT FABRIC & COMPRESSION CLASS

FLAT KNIT	CCL1	CCL2	CCL3
Pertex Light	<input type="checkbox"/>		
Pertex		<input type="checkbox"/>	<input type="checkbox"/>
Goldpunkt		<input type="checkbox"/>	<input type="checkbox"/>
Microfine 20 - 36mmHg		<input type="checkbox"/>	

SELECT COLOUR

BEIGE	BLACK	LIGHT BEIGE <small>*Pertex only</small>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUANTITY REQUIRED

LEFT	RIGHT
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4 TOE CHOICE

CLOSED TOE <input type="checkbox"/>	OPEN TOE <input type="checkbox"/>
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5 OPTIONS

FASTENINGS	Zip	Velcro Fastening		
	<input type="checkbox"/>	<input type="checkbox"/>		
Position:	Top	Bottom	Inside	Outside
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 COMMENTS / REQUESTS
