

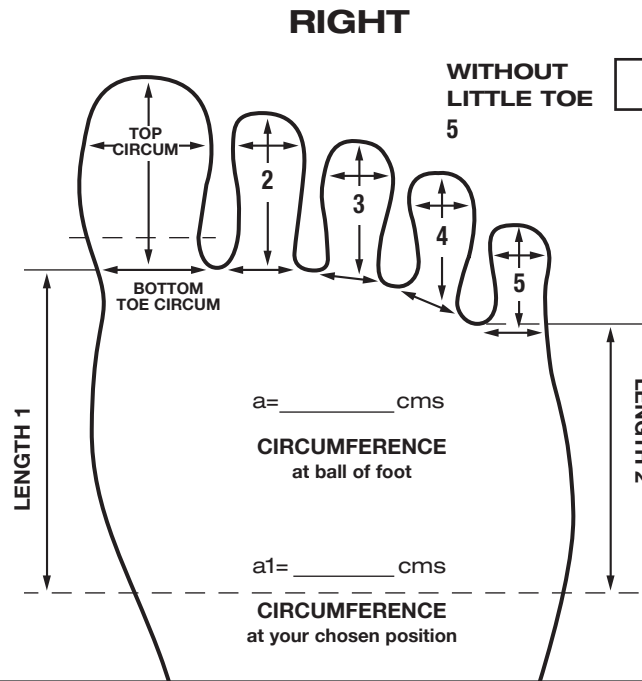
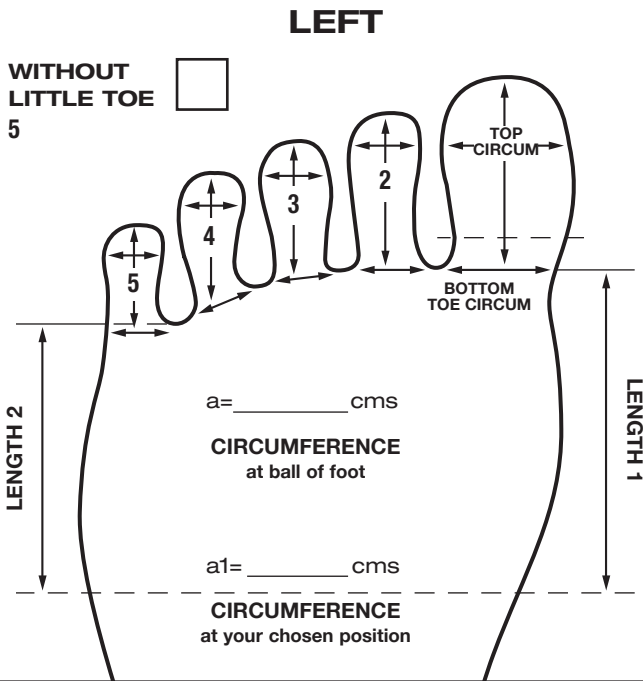


FAX: 01844 208843

Patient Name	Order No.	Pharmacy Delivery Address	
Date Measured	Repeat Garment No.		
Measured by	Telephone		
Clinic / Hospital	E-mail	PostCode	Tel

**1 CIRCUMFERENCE 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						



**2 LENGTH MEASUREMENTS**

LENGTH 1: _____ cms	LENGTH 1: _____ cms
LENGTH 2: _____ cms	LENGTH 2: _____ cms

**3 SELECT FABRIC & COMPRESSION CLASS**

**FLAT KNIT**

Pertex	Class 1	18-21 mmHg	<input type="checkbox"/>
Pertex 2	Class 2	23-32 mmHg	<input type="checkbox"/>
Pertex 3	Class 3	34-46 mmHg	<input type="checkbox"/>
Goldpunkt 2	Class 2	23-32 mmHg	<input type="checkbox"/>
Goldpunkt 3	Class 3	34-46 mmHg	<input type="checkbox"/>

**SELECT COLOUR (no charge)**

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

<b>LEFT</b>	<b>RIGHT</b>
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**4 TOE CHOICE**

CLOSED TOE       OPEN TOE

**5 COMMENTS / REQUESTS**

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