

20 Days Delivery Guarantee

Form F-033 - Foot Glove

Form F-034 also required for all foot glove orders!



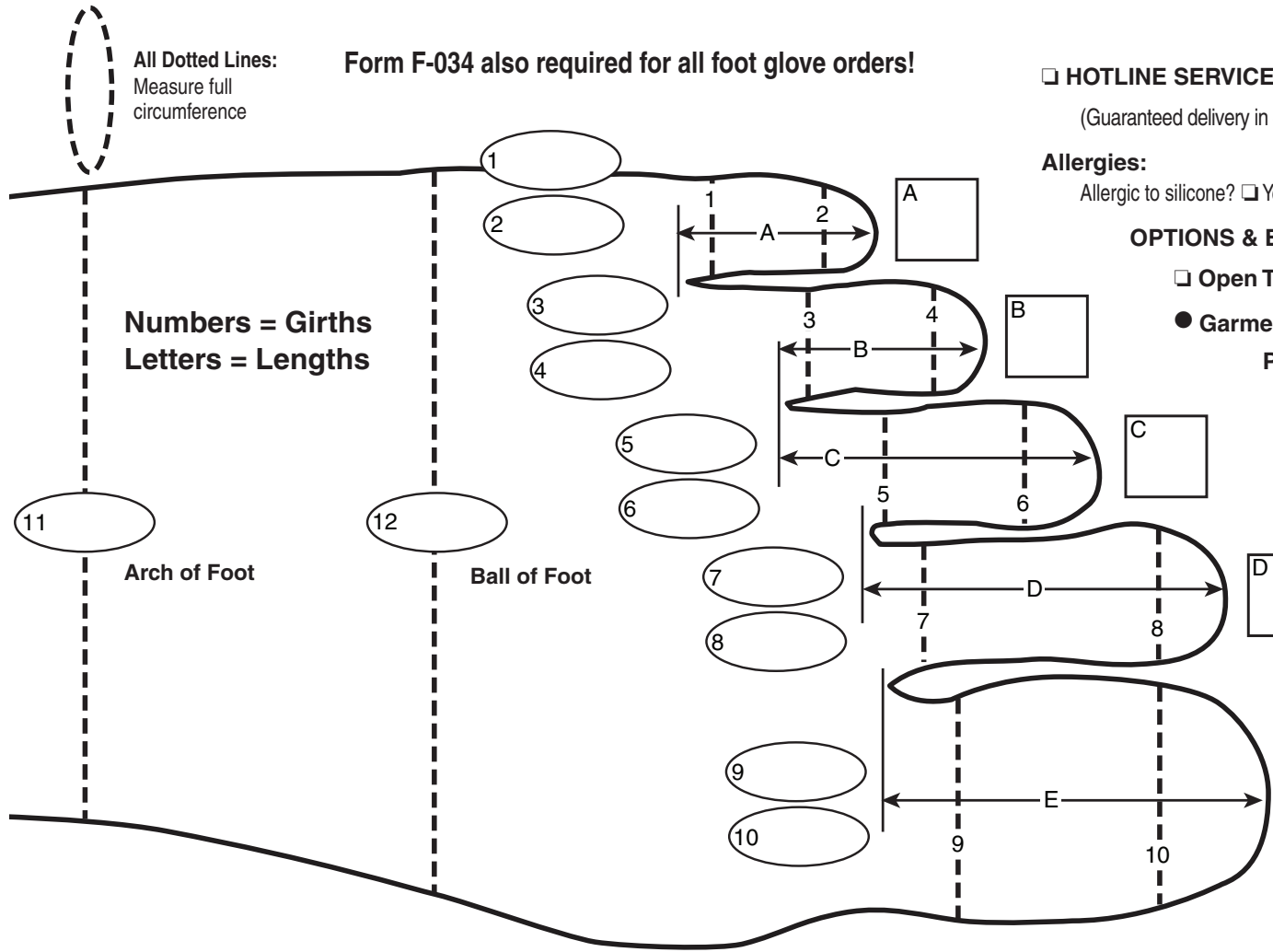
460 461

Form F-034 also required for 460 or 461

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

Form F-034 also required for all foot glove orders!

All Dotted Lines:
Measure full
circumference



Numbers = Girths
Letters = Lengths

Arch of Foot

Ball of Foot

HOTLINE SERVICE

(Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

Allergies:

Allergic to silicone? Yes (or) No | Allergic to metal? Yes (or) No

OPTIONS & EXTRAS:

- Open Tips (or) Closed Tips
- Garment Color No: _____

PLEASE CHECK ONE:

Burn (or) Lymphedema

● **Elastic Band:**

- Regular - 1"
- Regular - 2"
- Silicone - 1"
- Silicone - 2"
- None

Comments & Instructions:

