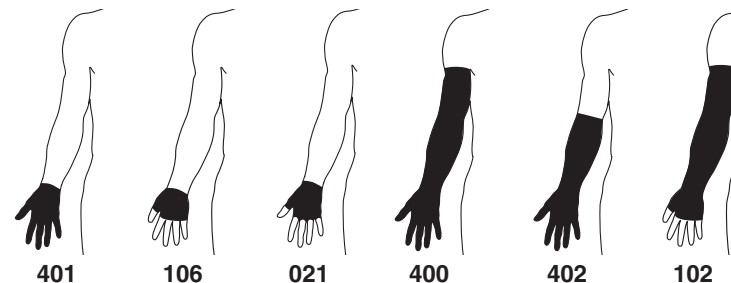




20 Days Delivery Guarantee

Form F-037 - Glove Measuring Form

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



Please refer to our current price list for a description of these items

**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

**GLOVES ABOVE WRIST ALSO REQUIRE FORM 035 OR 036**

**Left Hand** (or)  **Right Hand**

**OPTIONS & EXTRAS:**

**Slant Inserts**

**Zipper:**  
 Indicate length & location

**Fingertips:**

Open (or)  Closed  
 If Open, indicate length desired in applicable box. Note as "Open".

**Glove Length:**

To wrist (or)  
 \*Above wrist (or)  
 \*To axilla  
 \*Gloves above wrist also require Form F-035 or F-036.

**Elastic Band at Wrist:**

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

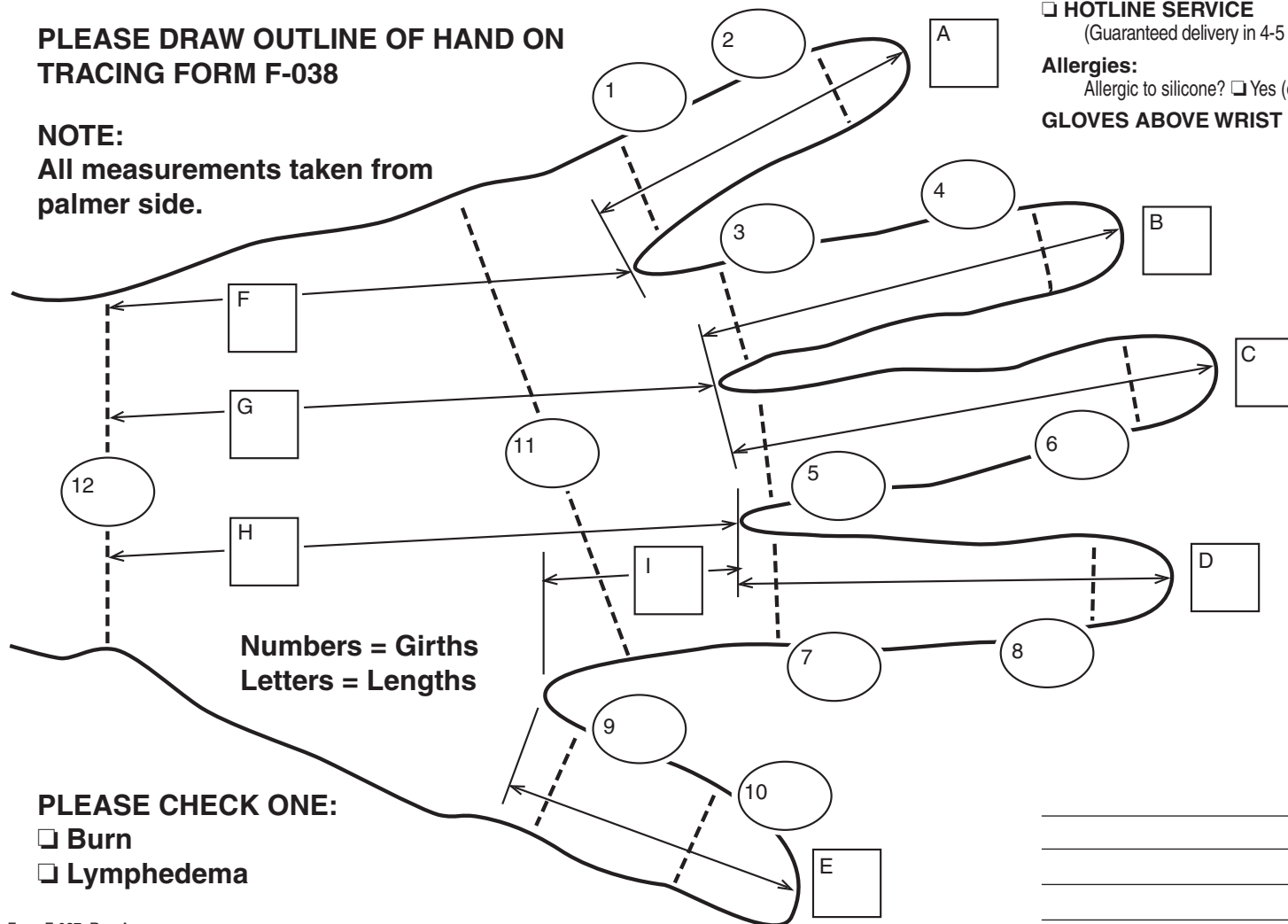
**Garment Color No:** \_\_\_\_\_

**COMMENTS & INSTRUCTIONS:**

**PLEASE DRAW OUTLINE OF HAND ON TRACING FORM F-038**

**NOTE:**

All measurements taken from palmer side.



Numbers = Girths  
 Letters = Lengths

**PLEASE CHECK ONE:**

- Burn
- Lymphedema

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_