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20 Days Delivery Guarantee

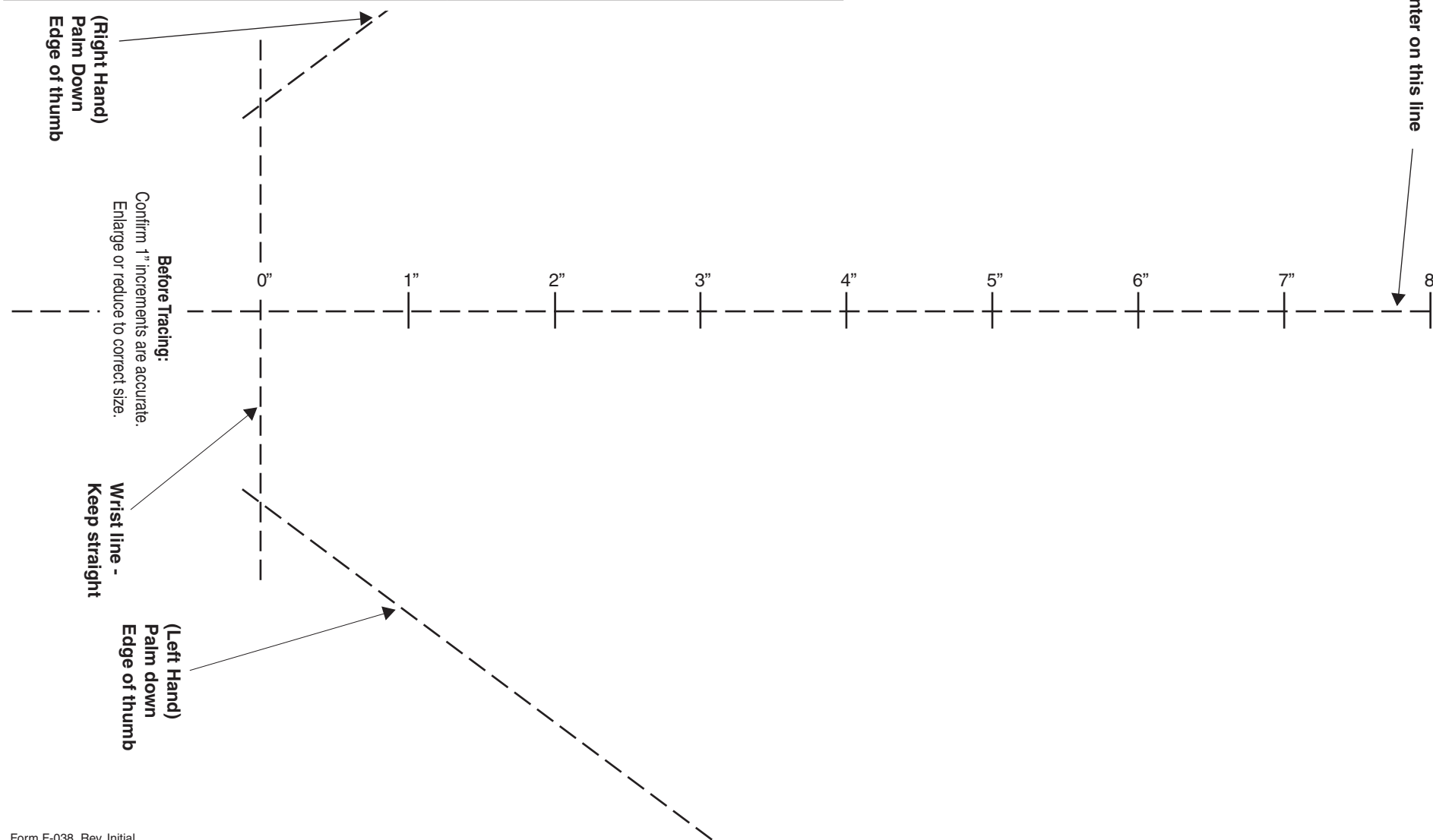
Form F-038 - Glove Tracing  
RIGHT OR LEFT HAND TRACING PROVIDES OPTIMAL FIT

Patient Name \_\_\_\_\_ Order No. \_\_\_\_\_

Date Measured \_\_\_\_\_

Measured by \_\_\_\_\_ Telephone \_\_\_\_\_

Clinic / Hospital \_\_\_\_\_ E-mail \_\_\_\_\_



Middle Finger - Center on this line

Keep pencil perpendicular to the paper (no angle)

Please mark webs clearly