



Patient's Name (Last, First)

Address

From

Medical Z file number

Date of birth

Sex

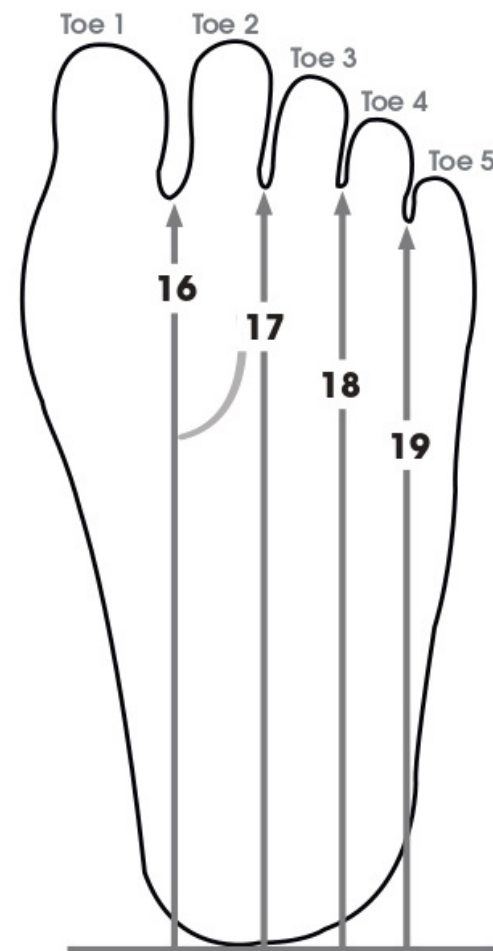
Order date

Measured by

TOE CIRCUMFERENCES

<input type="text"/>	1 - Distal Toe	<input type="text"/>	6 - Distal Toe
<input type="text"/>	2 - Proximal Toe	<input type="text"/>	7 - Proximal Toe
<input type="text"/>	3 - Distal Toe	<input type="text"/>	8 - Distal Toe
<input type="text"/>	4 - Proximal Toe	<input type="text"/>	9 - Proximal Toe
<input type="text"/>	5 - Proximal Toe	<input type="text"/>	10 - Proximal Toe

FOOT LENGTHS



IMPORTANT : this form must accompany the stocking/anklet form in order to manufacture the foot glove.

<input type="text"/>	Right Foot Glove	<input type="text"/>	Attached Foot Glove
<input type="text"/>	Left Foot Glove	<input type="text"/>	Unattached Foot Glove
<input type="text"/>	Toes Open Tips	<input type="text"/>	Toes Closed Tips
<input type="text"/>	16. Heel to Web Space Between Toes 1&2	<input type="text"/>	17. Heel to Web Space Between Toes 2&3
<input type="text"/>	18. Heel to Web Space Between Toes 3&4	<input type="text"/>	19. Heel to Web Space Between Toes 4&5

TOE LENGTHS

<input type="text"/>	11 - Toe n°1	<input type="text"/>	14 - Toe n°4
<input type="text"/>	12 - Toe n°2	<input type="text"/>	15 - Toe n°5
<input type="text"/>	13 - Toe n°3		

Tissues	Colors	Seams
<input type="checkbox"/> Standard	<input type="checkbox"/> Black	<input type="checkbox"/> Black
<input type="checkbox"/> Coolmax®	<input type="checkbox"/> Beige	<input type="checkbox"/> Beige
<input type="checkbox"/> Fresh Fabrics®	<input type="checkbox"/> Blue	<input type="checkbox"/> Blue
	<input type="checkbox"/> Pink (Fresh fabrics® only)	<input type="checkbox"/> Pink
		<input type="checkbox"/> White

Unless otherwise indicated, the pink color will be made in white stitching.

Comments :

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