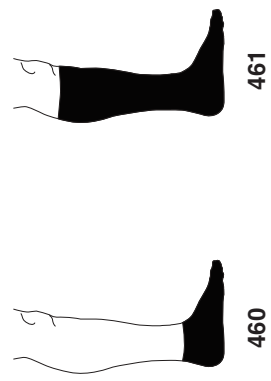


**Form F-033 - Foot Glove**  
 Form F-034 also required for all foot glove orders!



Form F-034 also required for 460 or 461

Purchase Order No \_\_\_\_\_ Date \_\_\_\_\_ Fitter's Phone No. \_\_\_\_\_

Ordered by \_\_\_\_\_ Patient \_\_\_\_\_ Age \_\_\_\_\_

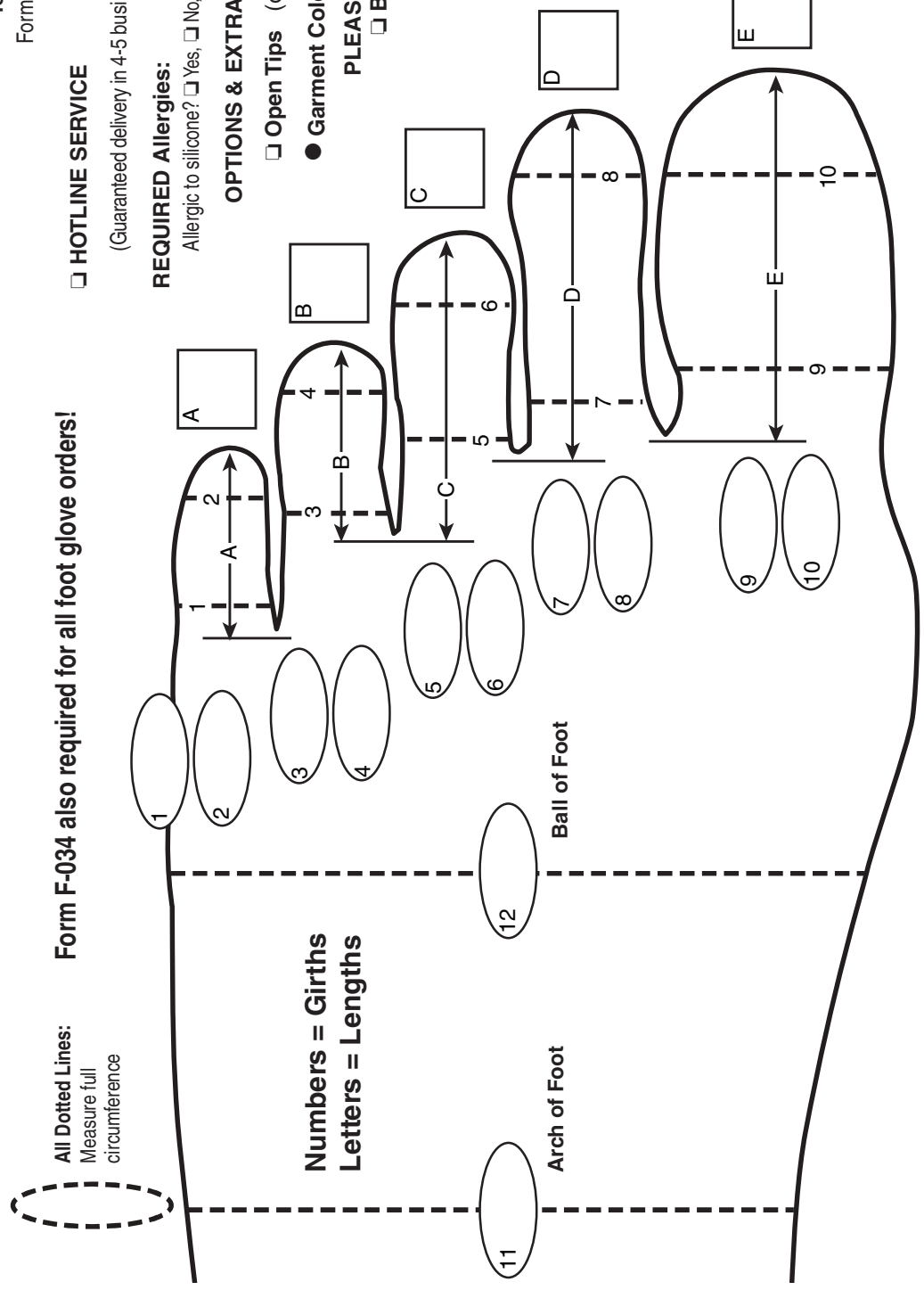
Street \_\_\_\_\_ Ship to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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



All Dotted Lines:  
 Measure full  
 circumference

Numbers = Girths  
 Letters = Lengths

**HOTLINE SERVICE**

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

**REQUIRED Allergies:**

Allergic to silicone?  Yes,  No,  NA | Allergic to metal?  Yes,  No,  NA

**OPTIONS & EXTRAS:**

Open Tips (or)  Closed Tips

● Garment Color No: \_\_\_\_\_

**PLEASE CHECK ONE:**

Burn (or)  Lymphedema

● Elastic Band:

Regular -  1"  2" (or)

Silicone -  1"  2" (or)

Microdot -  2" (or)

None

**Comments & Instructions:**

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