

**REQUIRED FOR  
ALL FOOT GLOVE  
ORDERS**

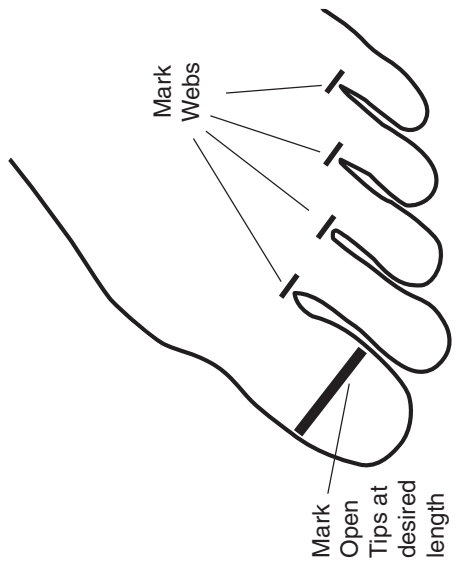
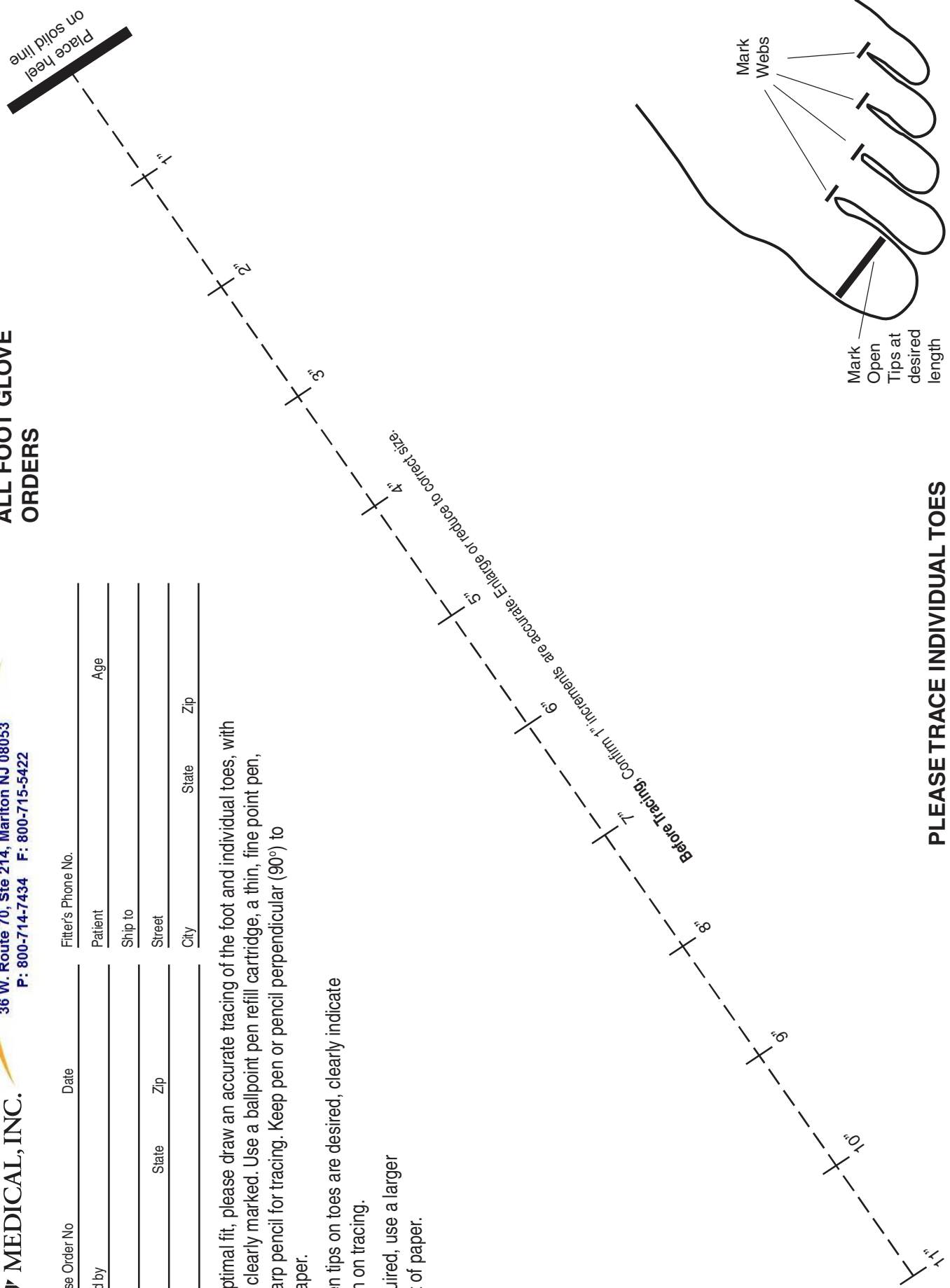
**Form F-034 - Foot Tracing**

Purchase Order No	Date	Filter's Phone No.
Ordered by		Patient
Street		Ship to
City	State Zip	Street
Filter	City State Zip	

For optimal fit, please draw an accurate tracing of the foot and individual toes, with webs clearly marked. Use a ballpoint pen refill cartridge, a thin, fine point pen, or sharp pencil for tracing. Keep pen or pencil perpendicular (90°) to the paper.

If open tips on toes are desired, clearly indicate length on tracing.

If required, use a larger sheet of paper.



**PLEASE TRACE INDIVIDUAL TOES**