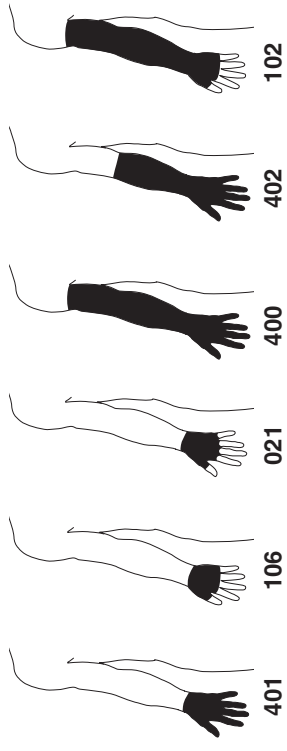


Form F-037 - Glove Measuring Form



Purchase Order No _____ Date _____ Fitter's Phone No. _____

Ordered by _____ Patient _____ Age _____

Street _____ Ship to _____

City _____ State _____ Zip _____

Street _____

City _____ State _____ Zip _____

Fitter _____

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**

REQUIRED Allergies:
 Allergic to silicone? Yes, No, NA | Allergic to metal? Yes, No, NA

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
 - **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:**

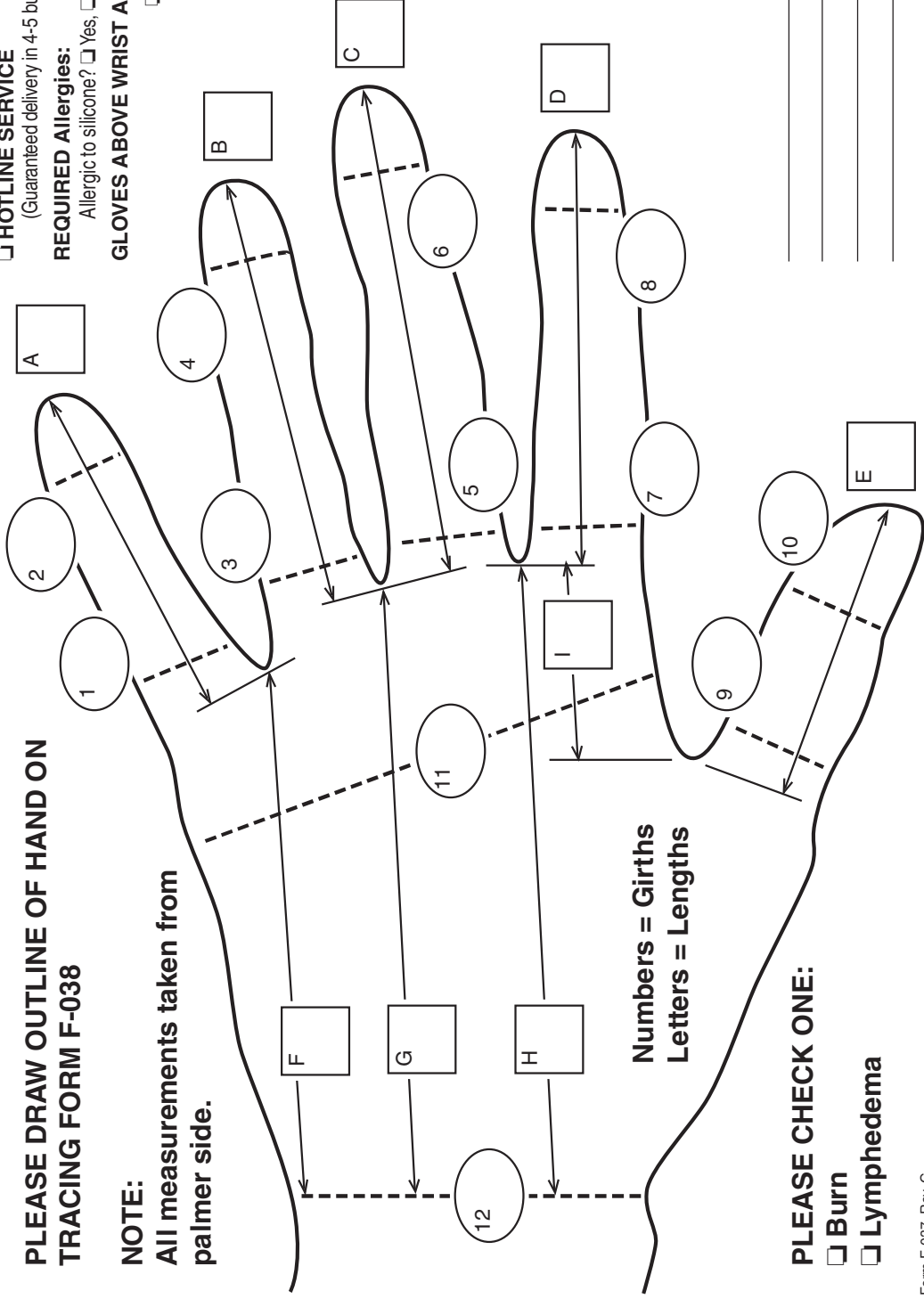
- Regular - 1" 2" (or)
- Silicone - 1" 2" (or)
- Microdot - 2" (or)
- None

● **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
