LEFT HAND OUTLINE

FOR USE WHEN ORDERING JOBST® GLOVES

(For Right Hand, see other side)

| Patient Name: | 4\ Diagonaldia figura and uniation |
|---|---|
| File#: | center line |
| Acct. #: Date: Measured by: | angle, spread fingers. |
| Center middle finger on line 🔿 | 3) Use black pen. 4) Mark location of first flexion crease on wrist with a "W." 5) If open tips, mark desired length. 6) Fax or mail outline with order. 7) Do not copy form. Additional forms are available by calling 1-800-537-1063. |
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| | [∼] 45° |
| FORM is to scale. Before Tracing confirm 1" increments are accurate per | ← Mark location of first flexion crease |
| your printer. Enlarge or reduce to correct size if not correct. | — 0 SunMED мedical Solutions |
| | 36 W. Route 70, Ste 214, Mariton NJ 08053 P: 800-714-7434 F: 800-715-5422 |

RIGHT HAND OUTLINE

FOR USE WHEN ORDERING JOBST® GLOVES

(For Left Hand, see other side)

| INSTRUCTIONS: 1) Place middle finger and wrist on | Patient Name: |
|--|--|
| center line. 2) Place palm flat, thumb at 45° | Acct. #: Date: |
| angle, spread fingers. | Measured by: |
| 3) Use black pen. 4) Mark location of first flexion crease | Measured by |
| on wrist with a "W." | ← Center middle finger on line |
| 5) If open tips, mark desired length. | -8 ← 3 · · · · · · · · · · · · · · · · · · |
| 6) Fax or mail outline with order. 7) Do not copy form. Additional | |
| forms are available by calling | |
| 1-800-537-1063. | |
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| Moult location of first | -1 |
| Mark location of first | FORM is to scale. |
| flexion crease | Before Tracing confirm 1" |
| | increments are accurate per |
| | Center your printer. Enlarge or reduce |
| SunMED Medical Solutions | to correct size if not correct. |
| 36 W. Route 70, Ste 214, Mariton NJ 08053 | line |
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