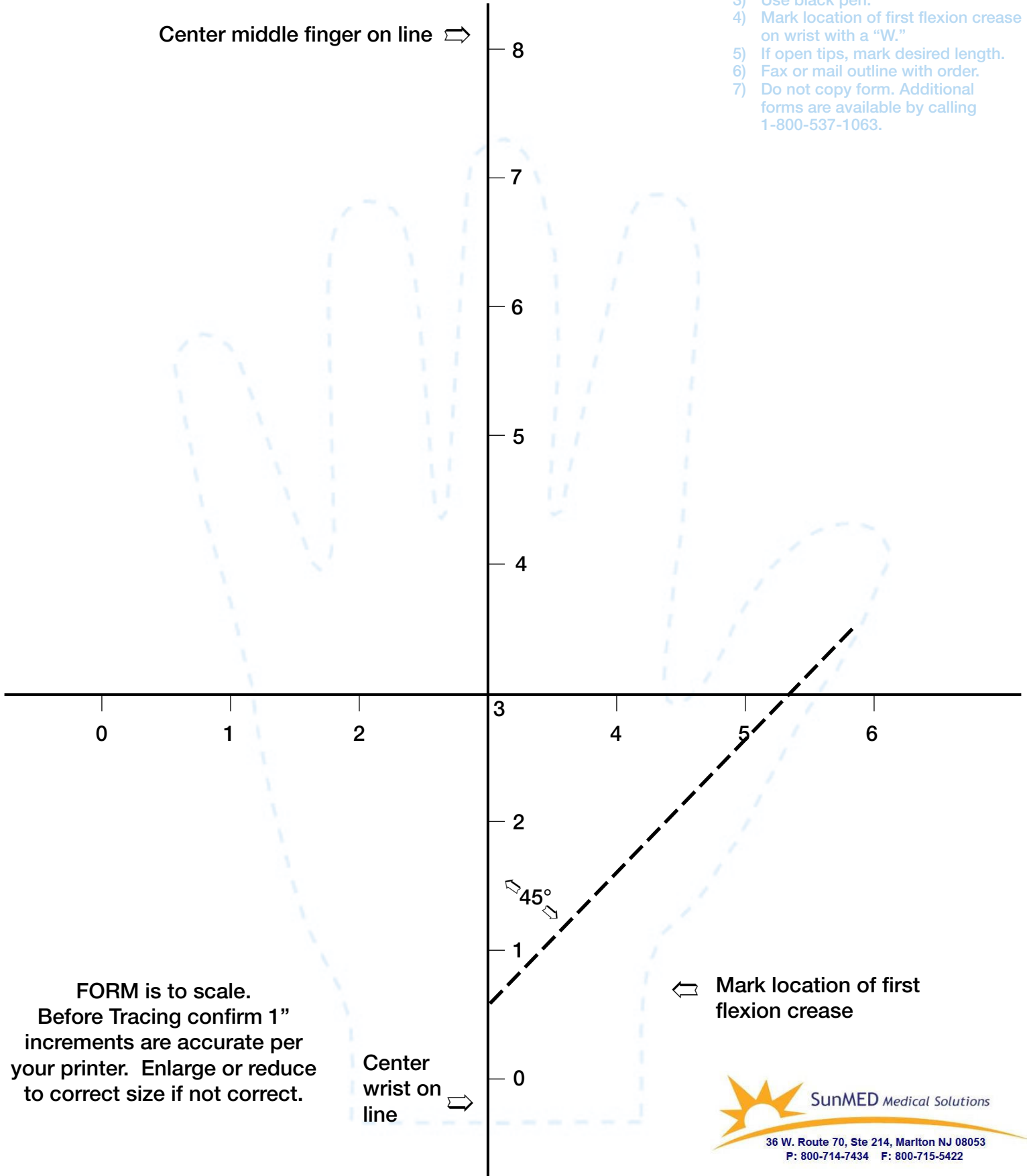


**LEFT HAND OUTLINE**  
**FOR USE WHEN ORDERING JOBST® GLOVES**  
 (For Right Hand, see other side)

Patient Name: \_\_\_\_\_  
 File#: \_\_\_\_\_  
 Acct. #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Measured by: \_\_\_\_\_

**INSTRUCTIONS:**

- 1) Place middle finger and wrist on center line.
- 2) Place palm flat, thumb at 45° angle, spread fingers.
- 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.



**FORM is to scale.**  
**Before Tracing confirm 1" increments are accurate per your printer. Enlarge or reduce to correct size if not correct.**



**RIGHT HAND OUTLINE**  
**FOR USE WHEN ORDERING JOBST® GLOVES**  
 (For Left Hand, see other side)

**INSTRUCTIONS:**

- 1) Place middle finger and wrist on center line.
- 2) Place palm flat, thumb at 45° angle, spread fingers.
- 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.

Patient Name: \_\_\_\_\_

File#: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Date: \_\_\_\_\_

Measured by: \_\_\_\_\_

FORM is to scale.  
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