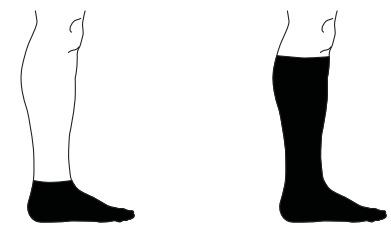


Form No. 19 also required for all foot glove orders!

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



460 **461**
 Form No. 11 also required for 460 or 461

All Dotted Lines:
 Measure full
 circumference

Form No. 19 also required for all foot glove orders!

HOTLINE SERVICE

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

OPTIONS & EXTRAS:

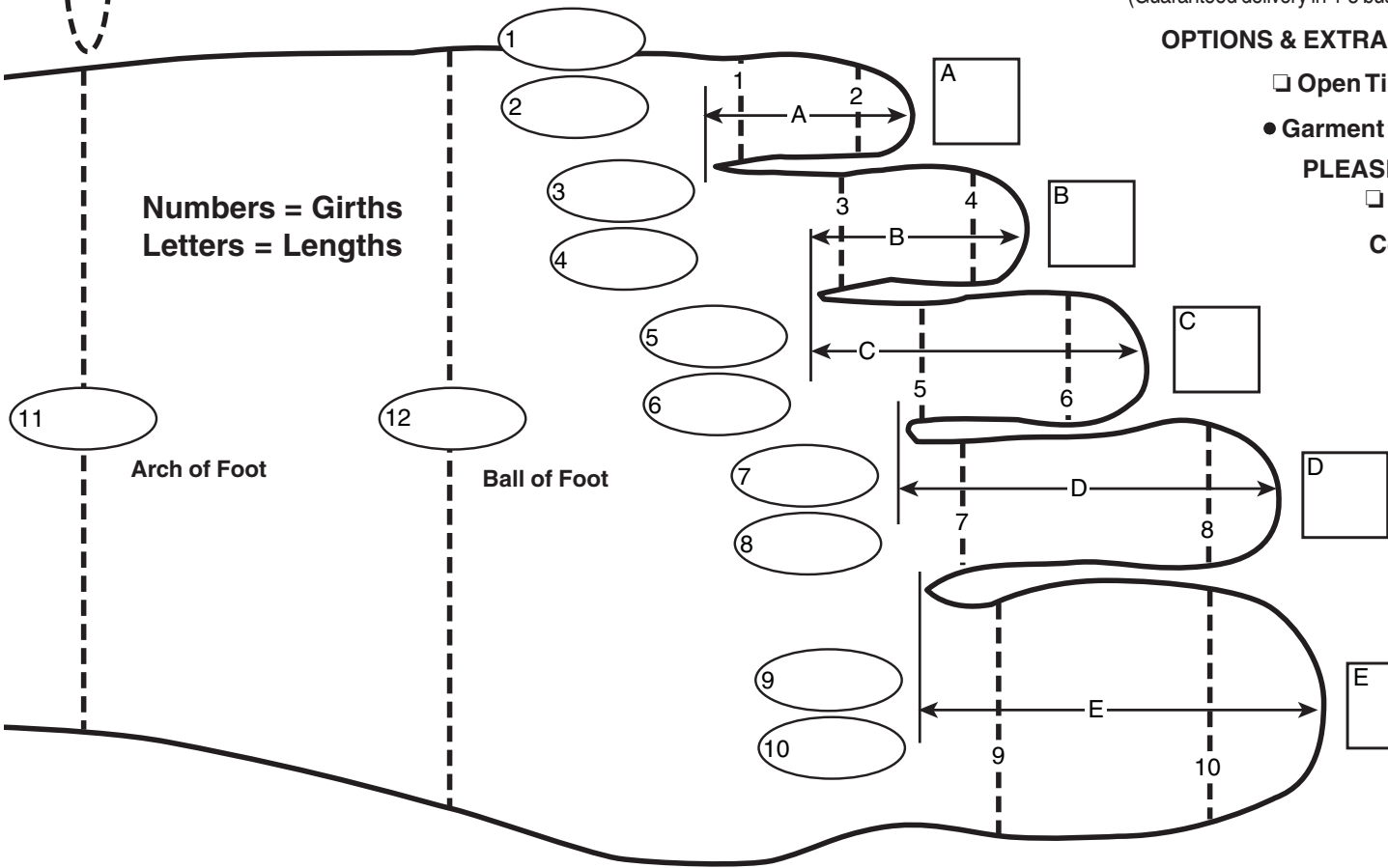
Open Tips (or) **Closed Tips**

● **Garment Color No:** _____

PLEASE CHECK ONE:

Burn (or) **Lymphedema**

Comments & Instructions:



Numbers = Girths
Letters = Lengths

Arch of Foot

Ball of Foot

Check this box if there are instructions on other side