



PLEASE DIRECT ALL ORDERS TO:
 2920 Centennial Rd., Toledo OH 43617-1833
www.gottfriedmedical.com • sales@gottfriedmedical.com

office: +1 419 474-2973
 toll-free: +1 800 537-1968
 toll-free fax: +1 866 474-8822

**REQUIRED FOR
 ALL FOOT GLOVE
 ORDERS**

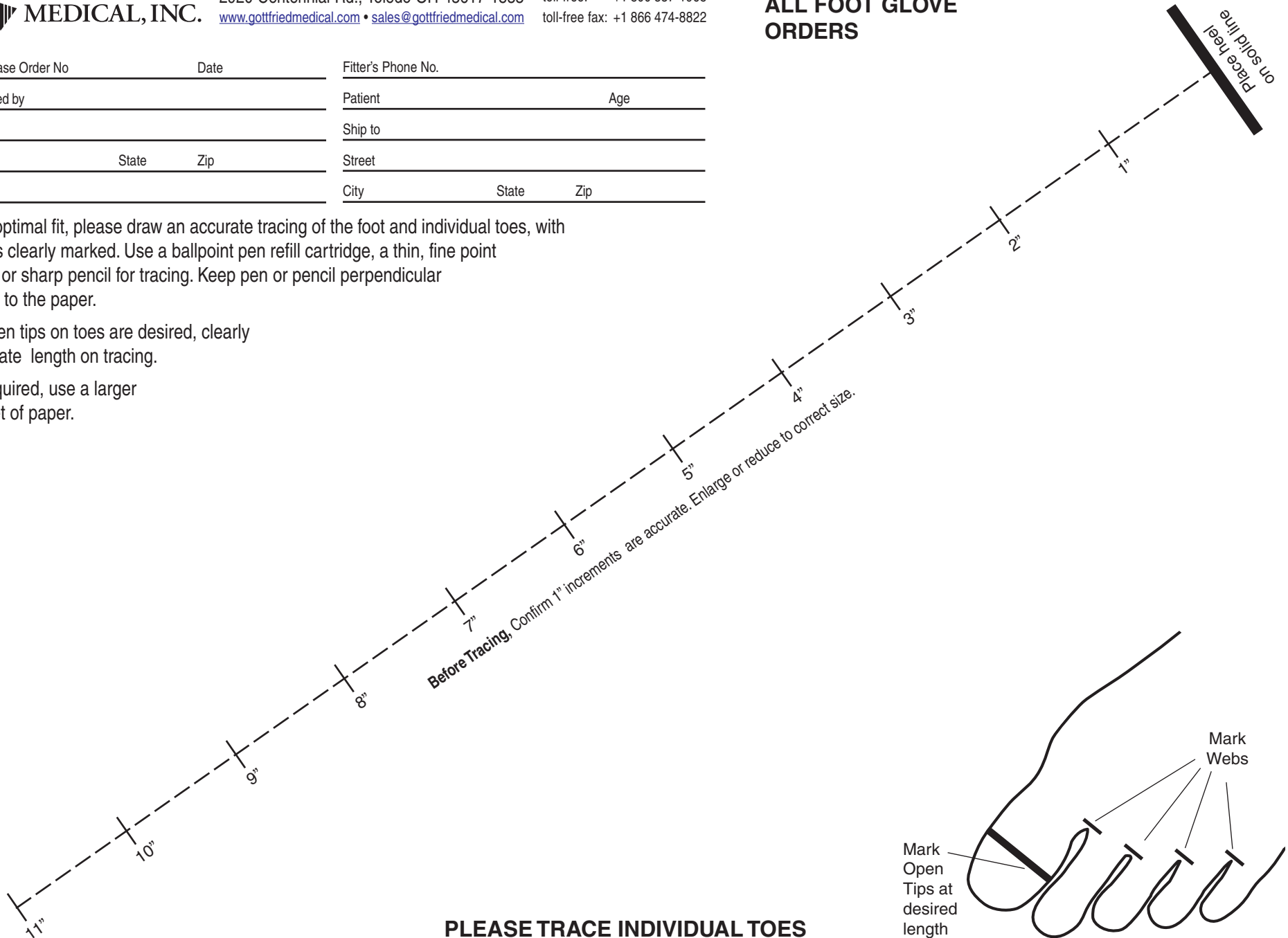
Form No: 19 - Foot Tracing

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



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Street	Ship to	
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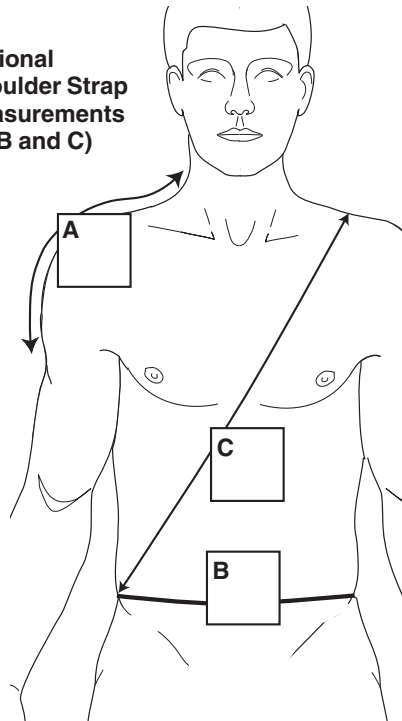
Left	Right
3	
1½	
0	
1½	
3	
4½	
6	
7½	
9	
10½	
12	
13½	
15	
16½	
18	
19½	

For Gauntlets Only _____ Circumference between thumb joints
 Separate (or) One Piece with Sleeve

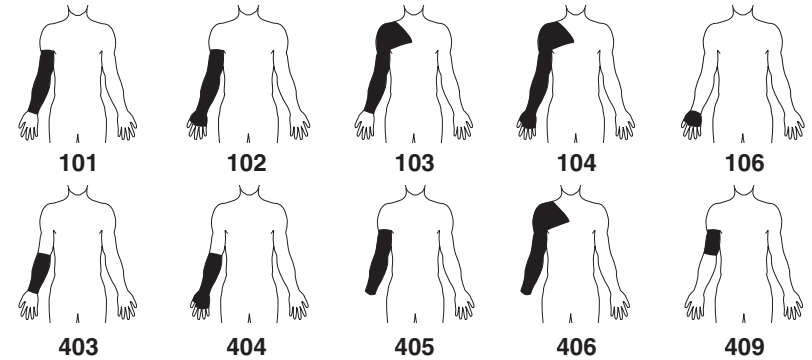
Wrist - Measurement is taken ahead of wrist bone, toward hand

Optional Shoulder Strap Measurements (A, B and C)

Elbow - Anchor Point



Form No: 21 - Upper Extremity Supports (A-12A-W3)



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**

OPTIONAL SHOULDER STRAP MEASUREMENTS: (See diagram)

A. Length from end of last strap to base of neck, with arm at side (same side as sleeve or gauntlet)

B. Waist Circumference

C. Diagonal Length for Shoulder Flap with retaining strap

OPTIONS & EXTRAS:

• **Zipper:**

- Lateral (Outside) (or) Medial (Inside) (or)
- Posterior (Top)

• **Garment Color No:** _____

• **Elbow Lining:** Inside (or) Full (or) Outside

• **Strap:**

- Worn to opposite axilla (or)
- Adjustable, axilla to waist (or)
- Two piece, with separate belt

• **Flex/Contracture Seam:** Elbow

• **Elastic Band:** Regular 1" 2" (or) Silicone 1" 2"

DIAGNOSIS: (Must be indicated to obtain proper counter-pressure)

- 22-28 mm Hg - Burns
- 25-30 mm Hg - Lymphedema Mild
- 30-35 mm Hg - Lymphedema Moderate
- 35-40 mm Hg - Lymphedema Severe

COMMENTS & INSTRUCTIONS:

Check this box if there are instructions on other side



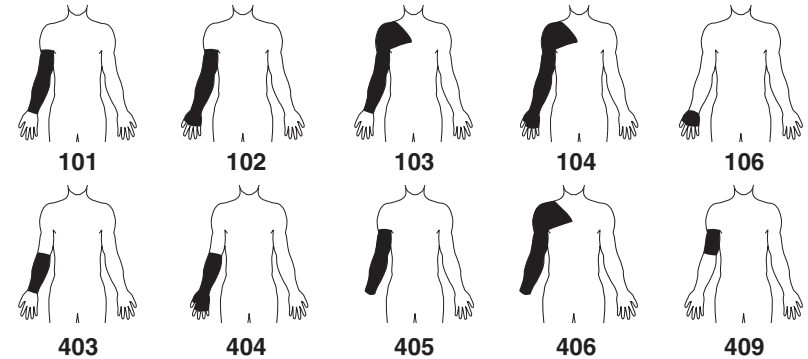
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IMF - for Use Without Paper Tapes

Form No: 22 (A-12-W)

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



Please refer to our current price list for a description of these items

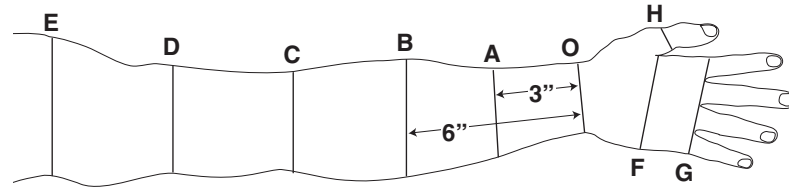
HOTLINE SERVICE

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

OPTIONAL SHOULDER STRAP MEASUREMENTS: (See diagram)

Letters (Sleeves & Gauntlets)

- A. 3" from wrist (O)
- B. 6" from wrist (O)
- C. Elbow
- D. Halfway between C and E
- E. Axilla
- F. Palm at web of thumb
- G. Palm at base of fingers
- H. Between thumb joints
- O. Wrist, ahead of wrist bone toward hand

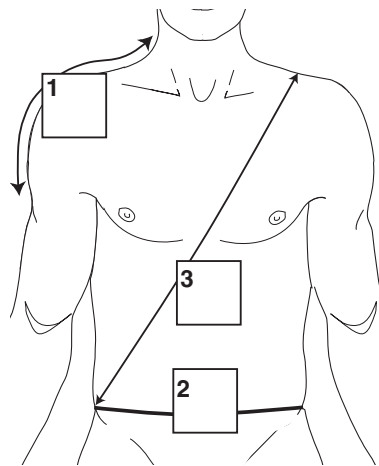


SLEEVES

LEFT			RIGHT		
Girth	Length		Girth	Length	
E	O to E		E	O to E	
D	O to D		D	O to D	
C	O to C		C	O to C	
B	O to B	6" (15.2 cm)	B	O to B	6" (15.2 cm)
A	O to A	3" (7.6 cm)	A	O to A	3" (7.6 cm)
O	X		O	X	

GAUNTLETS Separate One Piece with Sleeve

LEFT			RIGHT		
Girth	Length		Girth	Length	
F	O to F		F	O to F	
G	O to G		G	O to G	
H	X		H	X	
O	X		O	X	



Optional Shoulder Strap Measurements
(1, 2 and 3)

1. Length from end of last measurement to base of neck, with arm at side (same side as sleeve or gauntlet)
2. Waist Circumference
3. Diagonal Length for Shoulder Flap with retaining strap

OPTIONS & EXTRAS:

- **Zipper:** Lateral (Outside) (or) Medial (Inside) (or) Posterior (Top)
- **Garment Color No:** _____
- **Elbow Lining:** Inside (or) Full (or) Outside
- **Strap:**
 - Worn to opposite axilla (or)
 - Adjustable, axilla to waist (or)
 - Two piece, with separate belt
- **Flex/Contracture Seam:** Elbow
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DIAGNOSIS: (Must be indicated to obtain proper counter-pressure)

- 22-28 mm Hg - Burns
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Check this box if there are instructions on other side

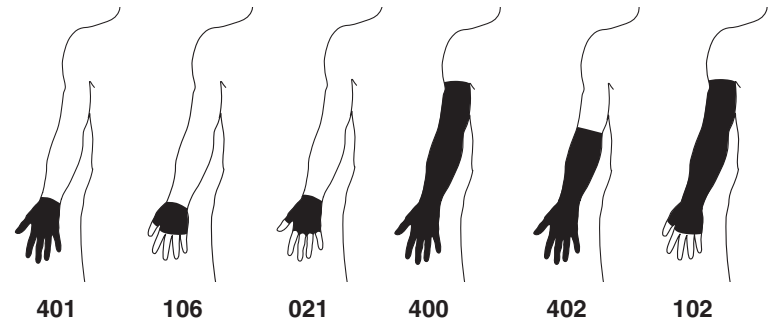


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Form No: 31 - Glove Mesasuring Form (B-1-W)

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

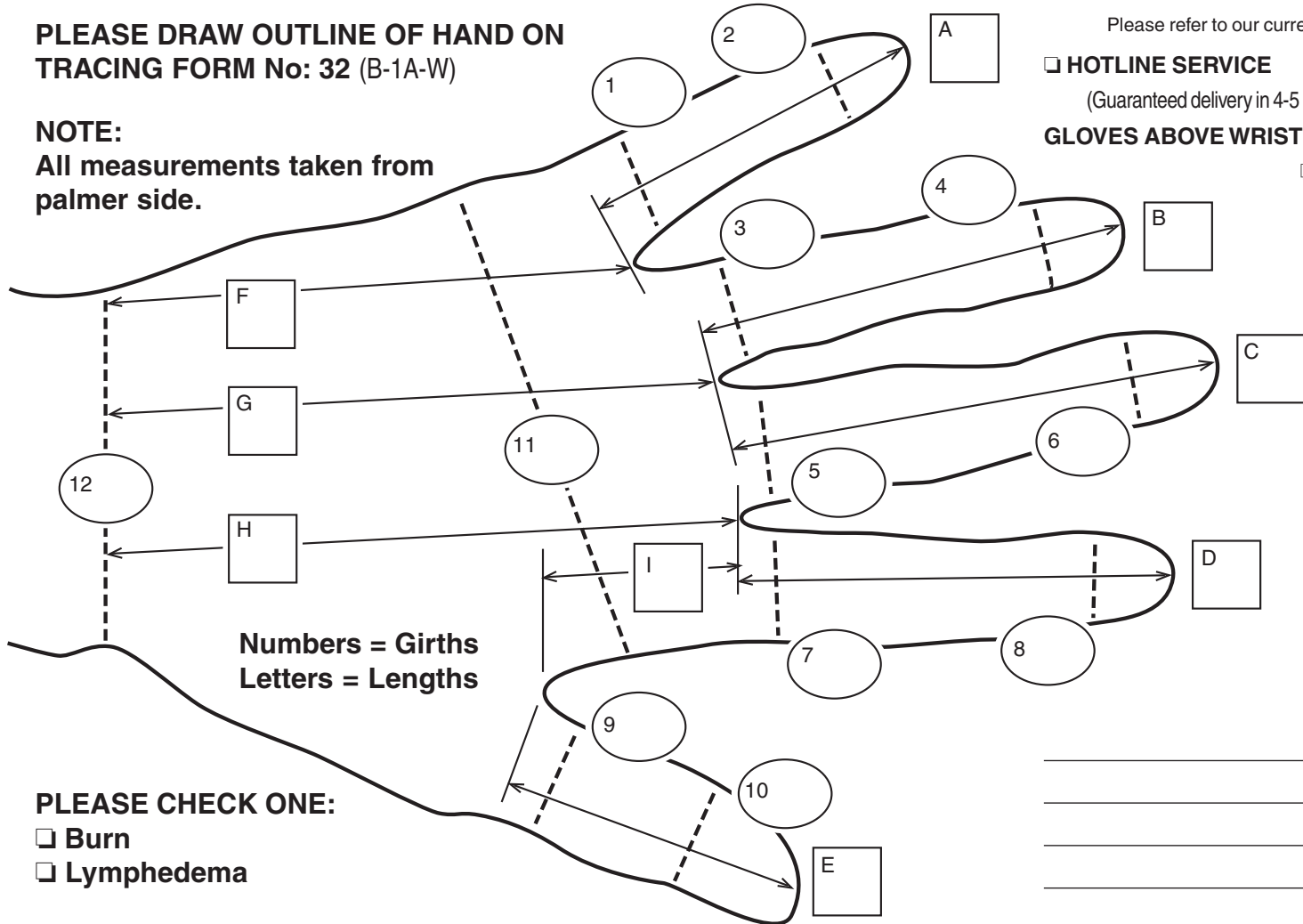


Please refer to our current price list for a description of these items

- HOTLINE SERVICE**
 (Guaranteed delivery in 4-5 business days, or less) **Additional Cost**
- GLOVES ABOVE WRIST ALSO REQUIRE FORM 21 OR 22**
- Left Hand** (or) **Right Hand**

PLEASE DRAW OUTLINE OF HAND ON TRACING FORM No: 32 (B-1A-W)

NOTE:
 All measurements taken from palmer side.



**Numbers = Girths
 Letters = Lengths**

- PLEASE CHECK ONE:**
- Burn**
 - Lymphedema**

- OPTIONS & EXTRAS:**
- Slant Inserts**
 - Zipper:**
 Indicate length & location
 - **Fingertips:**
 - Open** (or) **Closed**
 If Open, indicate length desired in applicable box. Note as "Open".
 - **Glove Length:**
 - To wrist** (or)
 - *Above wrist** (or)
 - *To axilla**
 * Gloves above wrist also require Form No. 21 or 22.

• **Garment Color No:** _____

COMMENTS & INSTRUCTIONS:

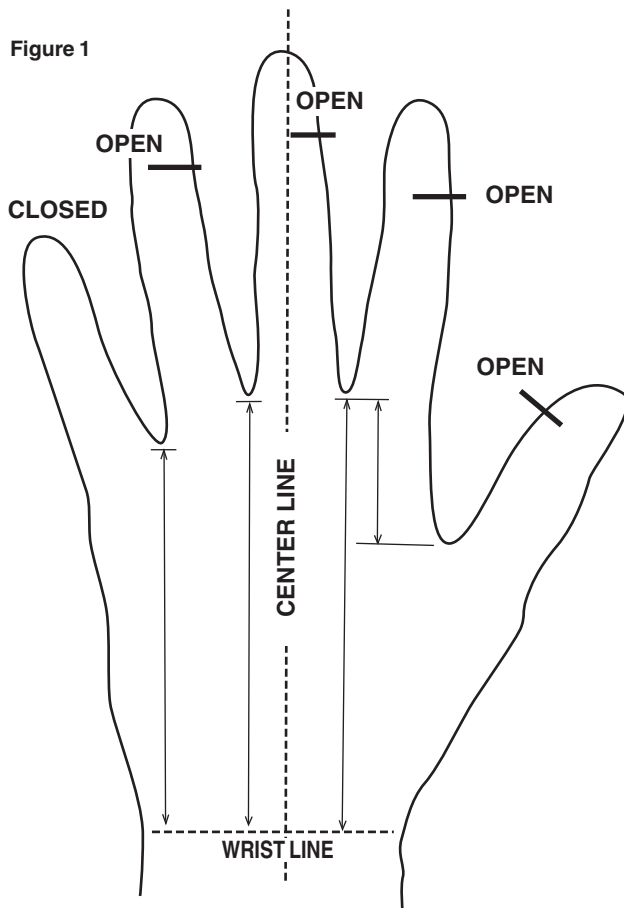
IMPORTANT

- Full circumferences should be taken around each finger, wrist & palm.
- Finger tapes should be flush on all areas.
- Center of the wrist and center of middle finger should align with center line of form.

1. Hand Tracing (Figures 1 & 2)

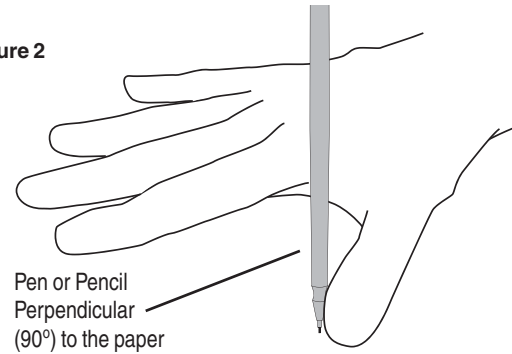
Place the hand as flat as possible, with the center of the wrist and middle finger placed over and aligned with the center line of the form (see illustration). Fingers should be slightly spread.

Figure 1



Use only a thin, fine point pen, or sharp pencil for tracing. Keep pen or pencil perpendicular (90°) to the paper.

Figure 2



2. Web Heights (Figure 1)

Web heights are taken from the palm side. If the hand is contracted, web lengths must be taken contour. Web heights should be taken from wrist line. If the hand can be laid flat, web heights can be taken from the tracing.

3. Web Height for Thumb (Figure 1)

This measurement is taken from the palm side. It is the distance between the index web and the thumb web, measured parallel to the center line. If the hand can be laid flat, web heights can be taken from the tracing.

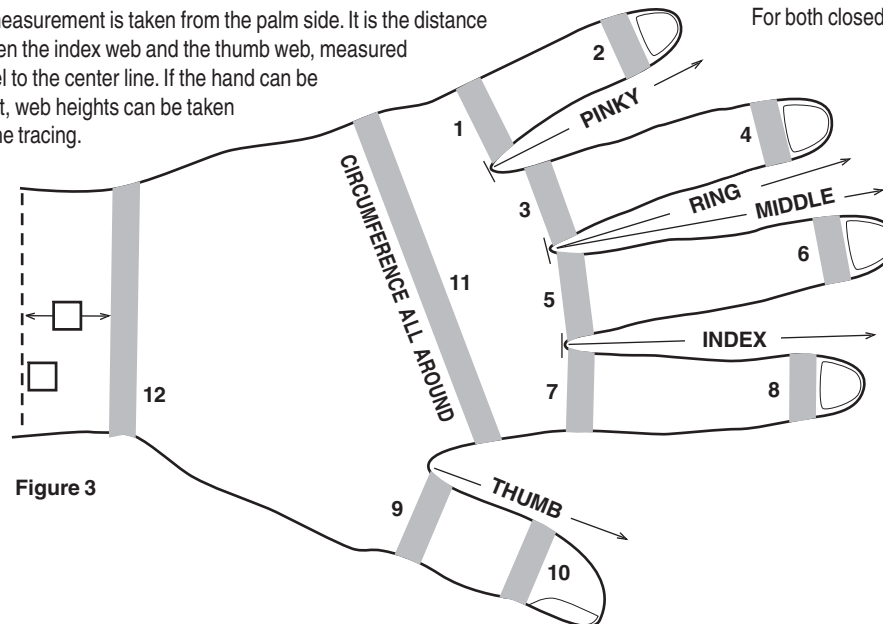


Figure 3

4. Lengths for Open Tip Fingers (Figure 3)

To measure pinky length place the rule parallel to the pinky and ring finger at the web space. Indicate the desired length in Box A. To measure ring and middle fingers place rule at common web and indicate lengths in Boxes B and C.

For the index finger place the rule at the web between the index and middle finger and indicate the desired length in Box D. For the thumb, place the rule at the thumb's web base and indicate desired length in Box E.

If the hand can be laid flat, the desired finger lengths should be indicated on the tracing at the desired locations, as shown in Figure 1.

5. Lengths for Closed Tip Fingers (Figure 1)

Measurements are taken as previously described in Step 4, except extending the measurement to the end of each fingertip. With these qualifications, the tracing should be used.

6. Palm and Wrist Circumferences (Figure 3)

Measure completely around the hand in both areas. Indicate the dimensions in Boxes 11 and 12 (see order form).

7. Finger Circumferences (Figure 3)

For both closed and open fingers, take measurements around each finger at the nail bed. Indicate the dimensions in Boxes 2, 4, 6, 8, and 10 (see order form). For glove fingers one inch (or less) in length, only base circumference measurements are required.

8. Gloves Extending Past the Wrist (Figure 3)

Add a line to show where the glove should end and box to indicate the desired length (3 inches maximum). Measure the circumference at the end and indicate the dimension in another box at that point.

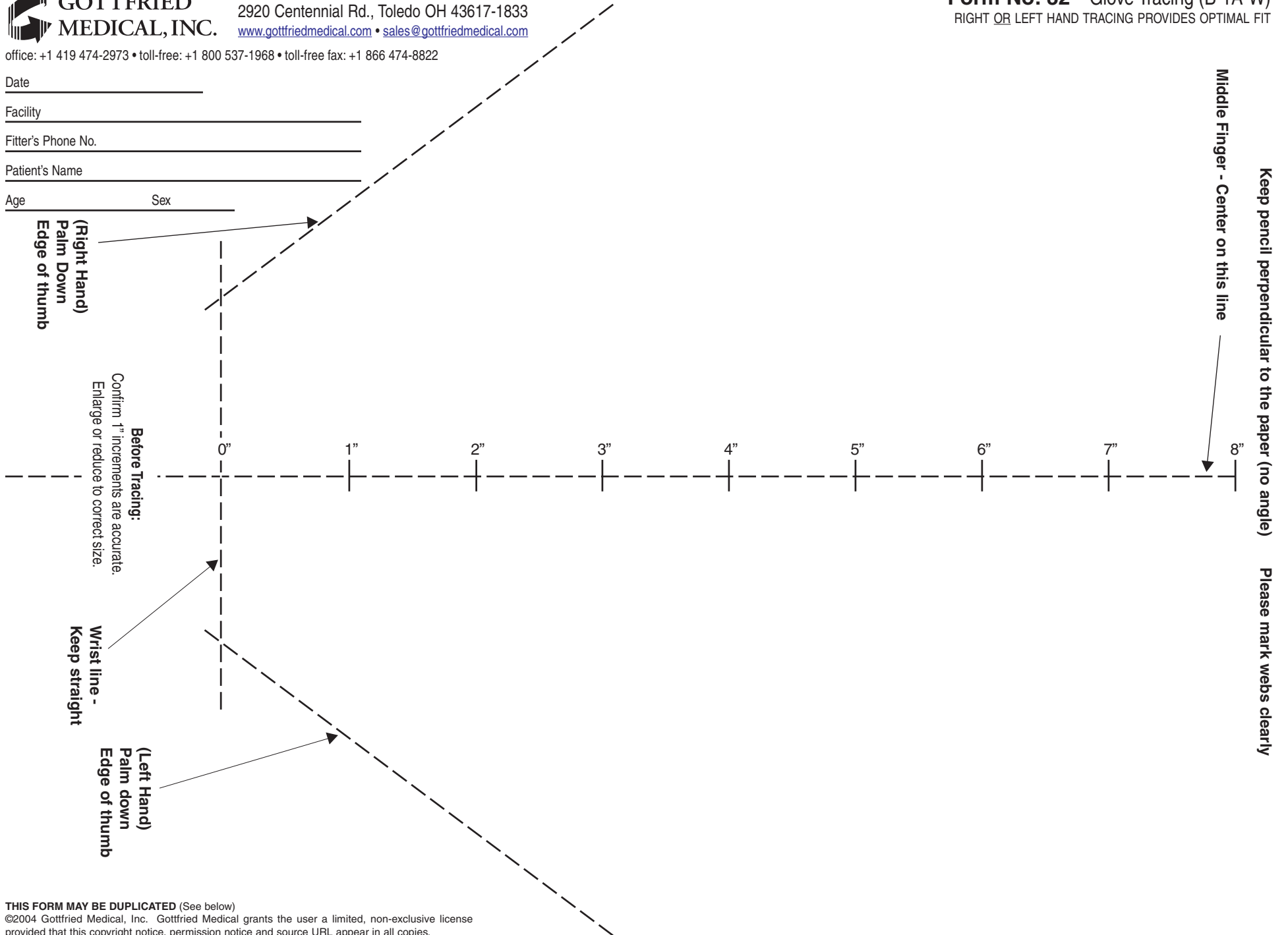


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Date _____
 Facility _____
 Fitter's Phone No. _____
 Patient's Name _____
 Age _____ Sex _____

Form No: 32 - Glove Tracing (B-1A-W)
 RIGHT OR LEFT HAND TRACING PROVIDES OPTIMAL FIT



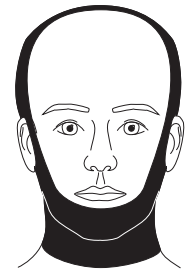
Purchase Order No	Date	Fitter's Phone No.
Ordered by	Patient	Age
Street	Ship to	
City State Zip	Street	
Fitter	City State Zip	



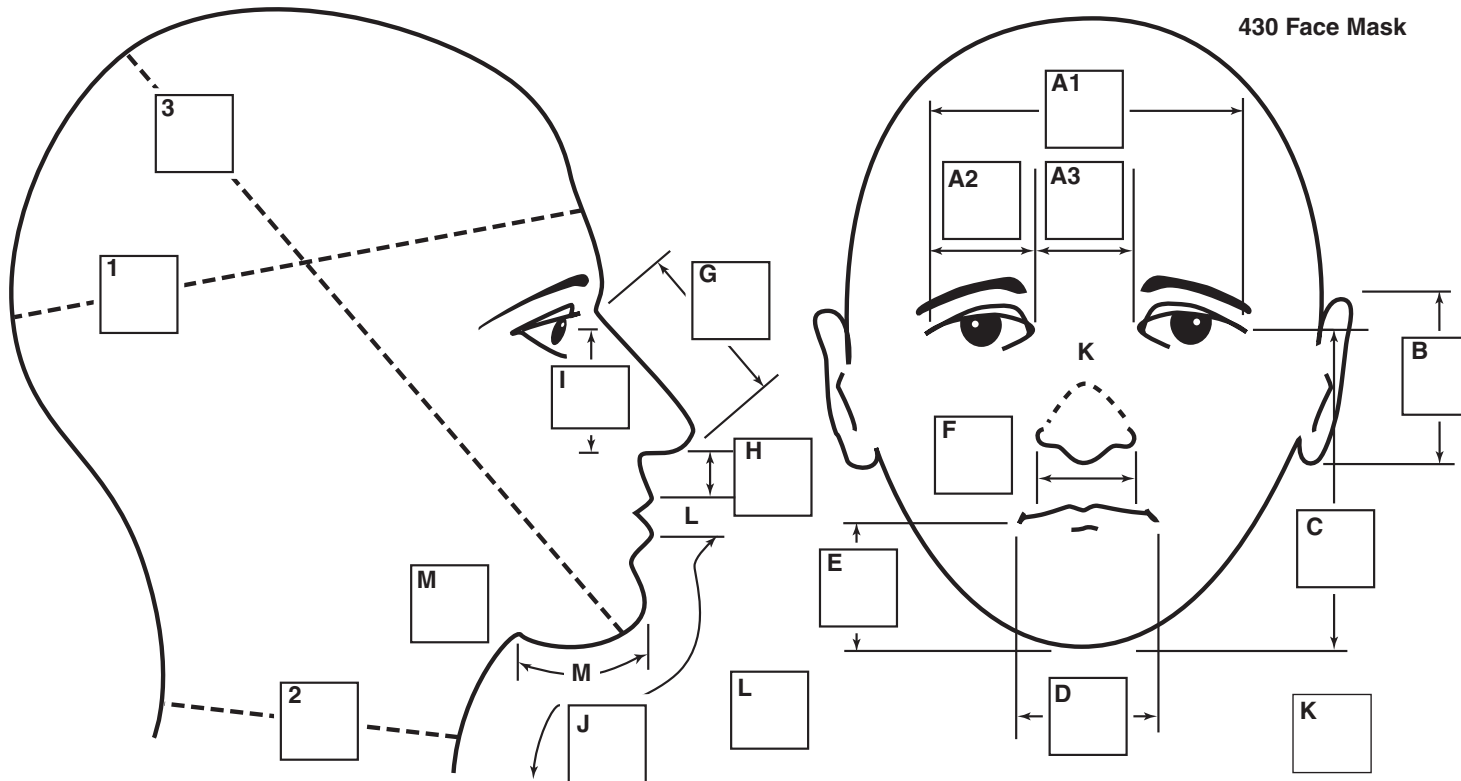
430 Face Mask



431 Open Face Mask



432 Chin Strap Mask



PLEASE CHECK ONE:

- Burn
- Lymphedema

1. Circumference above eyebrows
2. Circumference of neck
3. Circumference point of chin around to crown of head
- A1. Width of both eyes
- A2. Width of one eye
- A3. Width between eyes
- B. Length of ear
- C. Length — chin to eye center plane
- D. Width of mouth
- E. Length — chin to mouth at corner
- F. Width of nose
- G. Length of nose
- H. Length — bottom of nose to top of lip.
- I. Length — nostril to eye center plane
- J. Contour — bottom of lip to desired neck length
- K. Contour — across nose at tip for nose cover
- L. Width of Lips (top to bottom)
- M. Contour — chin to neck

HOTLINE SERVICE

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

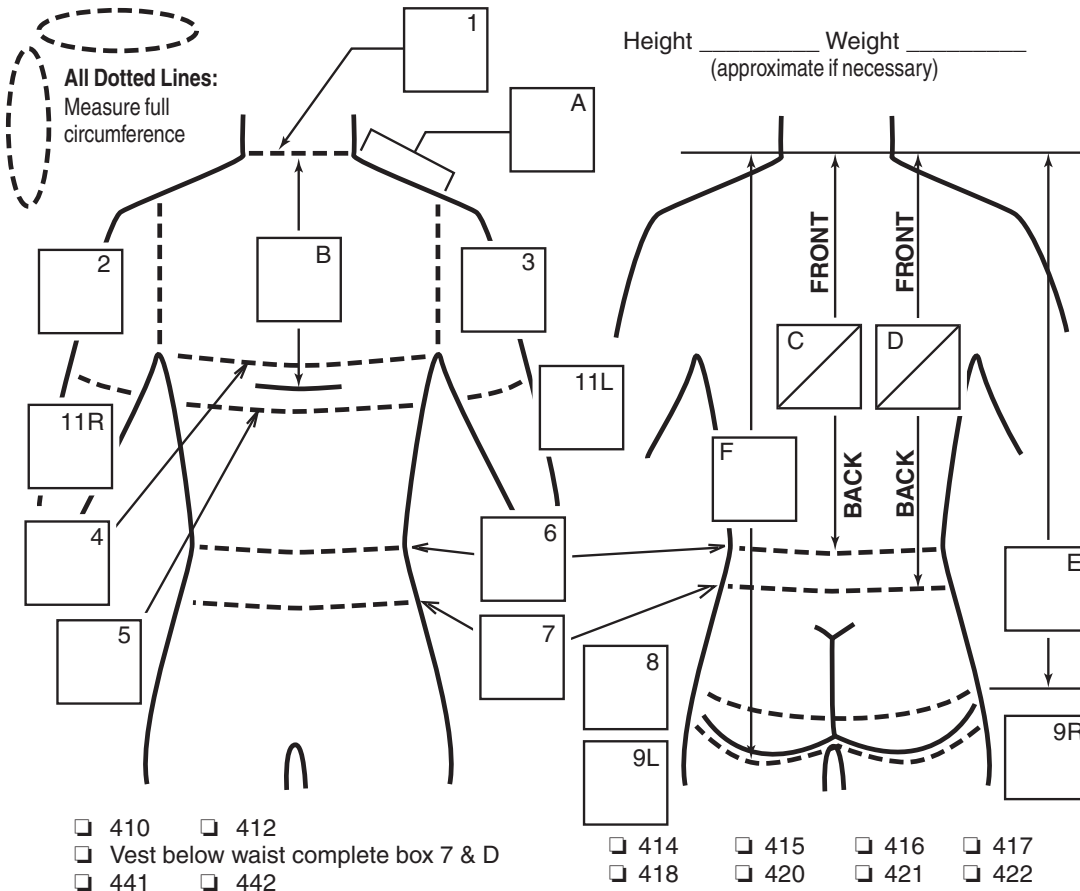
OPTIONS & EXTRAS:

- **Nose Cover**
Model 430 only:
- **Garment Color No:** _____

Comments & Instructions:

Check this box if there are instructions on other side

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



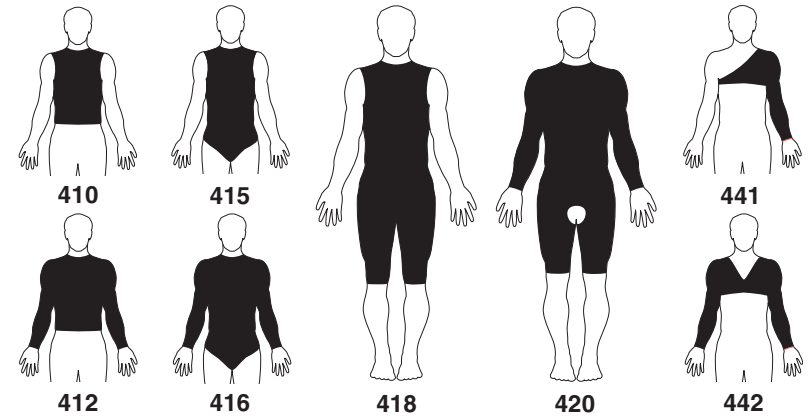
PLEASE CHECK ONE: Burn | Lymphedema

For Body Suits #418 - #422: Complete girth and length measurements desired on Form 11 (A-13-AY3) or Form 12 (A-11-W).

For Arm Sleeves on Body Suits #412 - #422: Complete Form 21 (A-12A-W3) or Form 22 (A-12-W).

An oversize charge will be made for any girth measurement exceeding 50 inches.

Form No: 34 - Body Measuring (B-3-W)



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 Numbers - Measure Full Circumferences (All Dotted Lines)**

- | | |
|--|---|
| 1. Neck | 6. Waist (standard) |
| 2. Right shoulder sleeve seam | 7. Below waist (optional) |
| 3. Left shoulder sleeve seam | 11. 2" below axilla (short sleeve only) |
| 4. Chest at axilla | |
| 5. Female support only - Chest at nipple line and cup size _____ | |

Following Girths for Catalog Numbers: 414 - 422

- | | |
|-----------------------------|----------------------------|
| 8. Largest part of buttocks | 9. Leg at fold of buttocks |
|-----------------------------|----------------------------|

Letters - Length (Solid lines)

- | |
|---|
| A. Neck to shoulder tip |
| B. (Female support only) base of neckline to under breasts (at sternum) |
| C. Neck line to waist in front & back |
| D. Neck line to below waist (if needed) in front & back |

Following Lengths for Catalog Numbers: 414 - 417 (briefs only)

- | | | |
|--|-----------------------------|---|
| E. Neck line to largest part of buttocks | F. Neck to fold of buttocks | Crotch: Snaps <input type="checkbox"/> (or) Velcro <input type="checkbox"/> |
|--|-----------------------------|---|

Following Lengths for Catalog Numbers: 418 - 422

- | | | |
|--|-----------------------------|--|
| E. Neck line to largest part of buttocks | F. Neck to fold of buttocks | Crotch: Open <input type="checkbox"/> (or) Closed <input type="checkbox"/> |
|--|-----------------------------|--|

Options and Extras

- Arm Zipper, indicate length & location on form 21(A-12A-W3) or 22 (A-12-W)
- Leg Zipper, indicate length & location on form 11 (A-13-AY3) or 12 (A-11-W)
- **Garment Color No:** _____
- **Axilla** (Closed is standard)
 - Open Left Open Right Mesh Left Mesh Right
 - Crewneck V - Neck Scoopneck Turtle Neck
 - Lining inside elbow Lining full elbow Flexseam elbow
 - Front Closure Zipper Velcro
 - Back Closure Zipper Velcro

Check this box if there are instructions on other side