

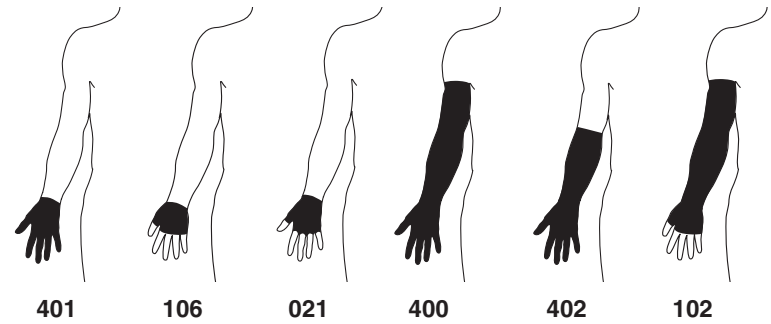


PLEASE DIRECT ALL ORDERS TO:  
 2920 Centennial Rd., Toledo OH 43617-1833  
[www.gottfriedmedical.com](http://www.gottfriedmedical.com) • [sales@gottfriedmedical.com](mailto:sales@gottfriedmedical.com)

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

**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**

**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:**

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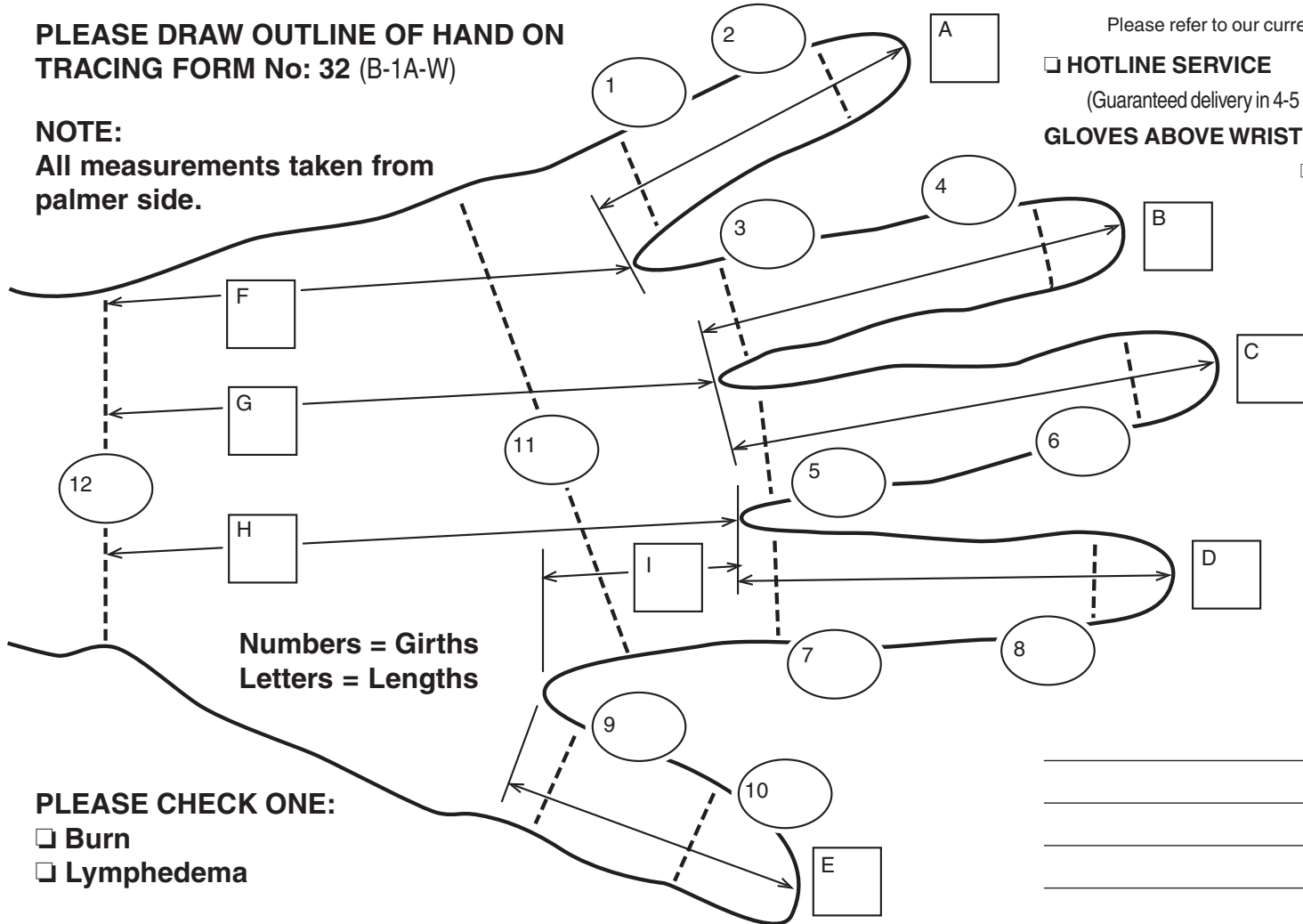


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**PLEASE DRAW OUTLINE OF HAND ON TRACING FORM No: 32 (B-1A-W)**

**NOTE:**

All measurements taken from palmer side.



**Numbers = Girths**  
**Letters = Lengths**

**PLEASE CHECK ONE:**

**Burn**

**Lymphedema**