



PLEASE DIRECT ALL ORDERS TO:  
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Date \_\_\_\_\_

Facility \_\_\_\_\_

Fitter's Phone No. \_\_\_\_\_

Patient's Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

(Right Hand)  
 Palm Down  
 Edge of thumb

Before Tracing:  
 Confirm 1" increments are accurate.  
 Enlarge or reduce to correct size.

Wrist line -  
 Keep straight

(Left Hand)  
 Palm down  
 Edge of thumb

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

Middle Finger - Center on this line

Keep pencil perpendicular to the paper (no angle)

Please mark webs clearly

