



PLEASE DIRECT ALL ORDERS TO:  
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 toll-free: +1 800 537-1968  
 toll-free fax: +1 866 474-8822

Purchase Order No	Date	Patient Name				
Facility Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	Weight		
Street		Ship to Address: <input type="checkbox"/> Same as facility				
City	State	Zip		Street		
Fitter	Phone No.	City	State	Zip		

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

**IMPORTANT:** Lengths to be taken from the back and from the floor barefooted to the girth points. Please measure carefully and complete all appropriate boxes.

**NOTE:** One leg waist length supports with closed crotch can only be made in panty style, (Cat. No. 303).

Measure girth of unsupported leg at fold of buttocks, and girth 5" below fold.

**Pregnancy Garments:** Available only with closed crotch. Pregnancy Month: \_\_\_\_\_.

Order Notes:

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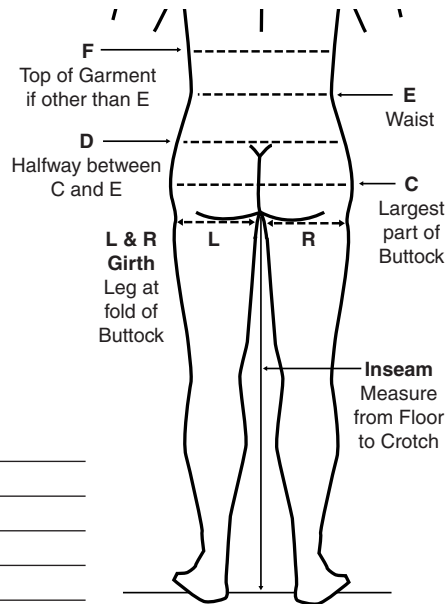


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GIRTHS		LENGTHS	
F		Floor to F	
E		Floor to E	
D		Floor to D	
C		Floor to C	
L		Inseam	
R			

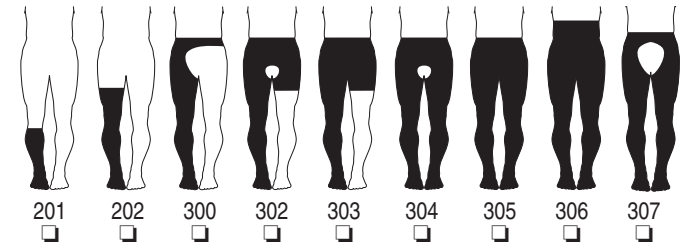


Read measurements from straight edge of blue spine on paper tapes in: (check one)  Inches  Centimeters

LEFT   RIGHT	7½	6	4½	3	1½	<b>0</b>	1½	3	4½	6	7½	9	10½	12	13½	15	16½	18	19½	21	22½	24	25½	27	28½	30	31½	33	34½	36
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**Form No: 11 - For Use With Paper Tapes (A-13-AY3)**

**Model:**



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

**Compression (mmHg):**

- 22-28 (Burns) |  20-30 |  30-40 |  40-50 |  50-60

**Style:**

- Left (or)  Right (or)  Bilateral

**Crotch:**

- Open (or)  Closed  
 Closed Fly

**OPTIONS**

**Toe Caps:** \*Foot tracing req. for Closed Toe

- Open Toe  
 Soft Toe\*  
 Self Toe\*

**Foot Length:**

Left \_\_\_\_\_  
 Right \_\_\_\_\_



**Zipper:**

- Medial Side  
 Lateral Side  
 Open Through Top  
 Closed

**Elastic Bands:**

- Regular - 1"  
 Regular - 2"  
 Silicone - 1"  
 Silicone - 2"

**Garment Lining:**

- AKA: REINFORCEMENT  
 Heel  Ankle  
 Knee Front  
 Knee Back  
 Inner Thigh

**Flex Seams:**  Ankle  Knee Back

**Garment Color:** (\*last color ordered, or 060, is default)

[www.gottfriedmedical.com/colors](http://www.gottfriedmedical.com/colors)

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> 060* SAND (BEIGE)  | <input type="checkbox"/> 061 CHOCOLATE (BROWN) | <input type="checkbox"/> 062 ARCTIC WHITE (WHITE) | <input type="checkbox"/> 063 STEEL GRAY | <input type="checkbox"/> 064 MIDNIGHT     |
| <input type="checkbox"/> 070 GRASS GREEN    | <input type="checkbox"/> 071 SCREAMING YELLOW  | <input type="checkbox"/> 072 SCARLET              | <input type="checkbox"/> 073 WILD GRAPE | <input type="checkbox"/> 074 SKY BLUE     |
| <input type="checkbox"/> 075 ELECTRIC BLUE  | <input type="checkbox"/> 076 NAUTICAL NAVY     | <input type="checkbox"/> 080 GREEN APPLE          | <input type="checkbox"/> 081 SUPER PINK | <input type="checkbox"/> 090 PANSY YELLOW |
| <input type="checkbox"/> 091 CARNATION PINK | <input type="checkbox"/> 092 SEA FOAM GREEN    | <input type="checkbox"/> 093 BABY BLUE            | <input type="checkbox"/> 094 LAVENDER   | <input type="checkbox"/> 095 ORANGE       |