



Patient Name

Order No.

Repeat Garment No.

Date Measured

Clinic / Hospital

Measured by

Telephone

E-mail

**1 FOOT LENGTH MEASUREMENTS**

**LEFT**

LENGTH 1: \_\_\_\_\_ cms

LENGTH 2: \_\_\_\_\_ cms

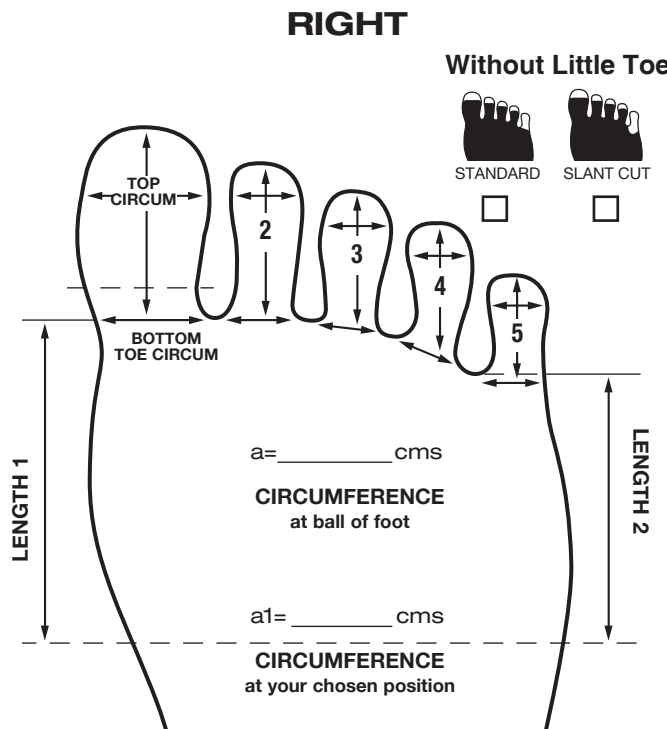
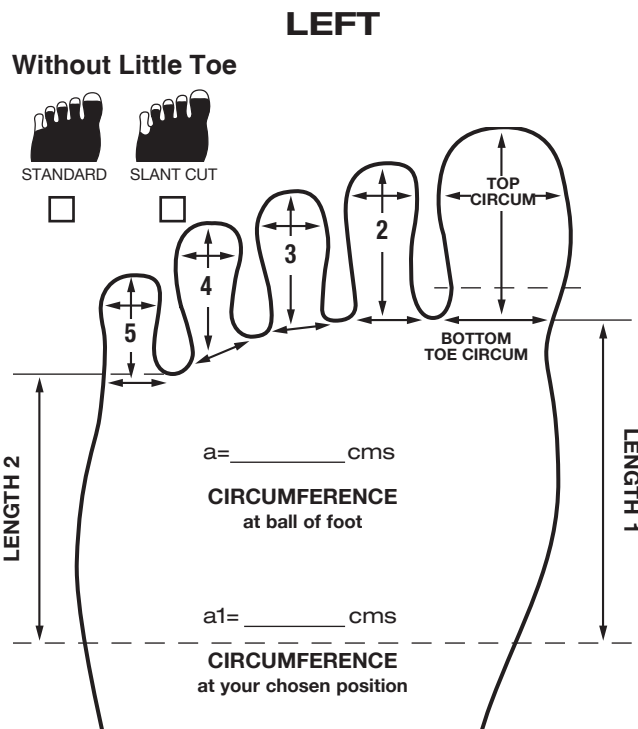
**RIGHT**

LENGTH 1: \_\_\_\_\_ cms

LENGTH 2: \_\_\_\_\_ cms

**2 FOOT CIRCUMFERENCE, TOE MEASUREMENTS & STYLE**

CIRCUMFERENCE	TOE	TOE 5	TOE 4	TOE 3	TOE 2	TOE 1	TOE	TOE 1	TOE 2	TOE 3	TOE 4	TOE 5	CIRCUMFERENCE
	TOP CIRCUM						TOP CIRCUM						
BOTTOM CIRCUM							BOTTOM CIRCUM						
TOE LENGTH							TOE LENGTH						



**3 SELECT FABRIC & COMPRESSION CLASS**

FLAT KNIT	CCL1	CCL2	CCL3
<b>Pertex Light</b>	<input type="checkbox"/>		
<b>Pertex</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Goldpunkt</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Microfine</b> 20 - 36mmHg		<input type="checkbox"/>	

**SELECT COLOUR**

<b>BEIGE</b>	<b>BLACK</b>	<b>LIGHT BEIGE</b> <small>*Pertex only</small>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**QUANTITY REQUIRED**

<b>LEFT</b>	<b>RIGHT</b>
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**4 TOE CHOICE**

<b>CLOSED TOE</b> <input type="checkbox"/>	<b>OPEN TOE</b> <input type="checkbox"/>
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**5 OPTIONS**

<b>FASTENINGS</b>	Zip	Velcro Fastening		
	<input type="checkbox"/>	<input type="checkbox"/>		
Position:	Top <input type="checkbox"/>	Bottom <input type="checkbox"/>	Inside <input type="checkbox"/>	Outside <input type="checkbox"/>

**6 COMMENTS / REQUESTS**