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

1 - Waist circumference	
2 - Largest part of buttocks	
I - Highest point to be covered	(
H - Halfway between G & I	
G - 4½ to 5 inches above F	2
F - Center of knee joint	
E - Small part below knee (Do not take too high. Knee length ends here)	ı
D - Largest part of calf	Ľ
X - Halfway between C & D	E
C - Smallest part of ankle, above ankle bone	
B- Center of instep	
A- Just back of ball of foc	

STOCKINGS (Letters, Dotted Lines)

		LEFT				RIGHT	
Girth		Length		Girth		Length	
ı		F to I		ı		F to I	
Н		F to H		Н		F to H	
G		F to G		G		F to G	
F		Floor to F		F		Floor to F	
Е		Floor to E		Е		Floor to E	
D		Floor to D		D		Floor to D	
Х		Floor to X		Х		Floor to X	
С		Floor to C		С		Floor to C	
0		Flex to heel tip	><	0		Flex to heel tip	>
В		Heel tip to B		В		Heel tip to B	
Α		Heel tip to A		Α		Heel tip to A	
вт		Heel tip to BT		ВТ		Heel tip to BT	

INSEAM LENGTH	FOOT LENGTH				
LENGIH	Left	Right			

GARTER BELTS AND CHAPS

(Numbers, Solid Lines)

1	□ Left Leg
2	☐ Right Leg

Form F-030 IMF - for Use Without Paper Tapes



Pleas

se 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
Sex: □ M □ F
REQUIRED Allergies: Allergic to silicone? □ Yes, □ No, □ NA Allergic to metal? □ Yes, □ No, □ N.
□ Knee Length: □ L □ R I □ Thigh Length: □ L □ R
□ Chaps: □ 300 □ L □ R I □ 307 I □ Both
WAIST LENGTH SUPPORTS: See Form F-029
OPTIONS & EXTRAS: ■ Zipper: □ Inside (or) □ Outside □ Open (or) □ Closed

- Zipper: - inside (or) - Outside
□ Open (or) □ Closed
Garment Color No:
Toe Caps: ☐ None/Open (or) ☐ Soft*

- * (or) 🖵 Self* (*Indicate Foot Length in Diagram)
- Reinforcement: ☐ Heel | ☐ Knee Front ☐ Knee Back | ☐ Inner Thigh
- Flex/Contracture Seam: ☐ Instep ☐ Knee Back
- Elastic Band: Regular □ 1" □ 2"
 (or) Silicone □ 1" □ 2" (or) Microdot □ 2"
- Other Option(s):

INDICATIONS:

- □ 20-30 mm Hg: Varicose veins (mild), arterial insufficiency with venous insufficiency.
- □ 22-28 mm Hg: Burns prevention of hypertrophic scars.
- □ 30-40 mm Hg: Varicose veins (moderate), assist fluid return, leg fatigue, stasis dermatitis, postphlebitic syndrome, post surgical stripping of sclerosing, postfracture edema, prophylactic treatment of edema and phlebitis, lymphedema (moderate).
- □ 40-50 mm Hg: Chronic venous insufficiency, stasis dermatitis (severe), lymphedema (severe), chronic venous insufficiency (severe), orthostatic hypotension (moderate).
- □ 50-60 mm Hq: Orthostatic hypotension (severe), postthrombosis (severe), intractable edema.

Contraindications: Non-ambulatory use, severe arterial insufficiency, cutaneous infection, acute hypodermatitis, wet dermatitis.dermatitis.

Check this box if there are instructions on other side