NOTICE TO PATIENT

Please take this form to an authorized Gottfried Medical Dealer for ordering, measuring and fitting. Please contact us at the number above if you require assistance in locating a dealer.

**Compression (mmHg):**
- 22-28 (Burns)
- 20-30
- 30-40
- 40-50
- 50-60

**REQUIRED Allergies:**
- Allergic to silicone? ☑ Yes, ☑ No, ☑ NA
- Allergic to metal? ☑ Yes, ☑ No, ☑ NA

**OPTIONS**

**Toe Caps:** *Foot tracing required for Closed Toe*
- Open Toe
- Soft Toe*
- Self Toe* Left  ________ Right  ________

**Foot Length:** *(Please include foot tracing)*

**Zipper:**
- Open  *(Allows garment to be completely open)*
- Closed  *(Does not open completely, allows for easier donning)*

**Flex Seams:**
- Ankle  ☑
- Back of Knee  ☑
- Elbow  ☑
- Other ________________

**Elastic Bands:**
- Regular - 1”  ☑
- Silicone - 1”  ☑
- Mircodot - 2”
- Regular - 2”  ☑
- Silicone - 2”

**Garment Lining:**
- Medial Side  ☑
- Lateral Side ☑
- Heel ☑
- Ankle ☑

**ORDERING FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Contact Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Fax:</td>
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<td>Email:</td>
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