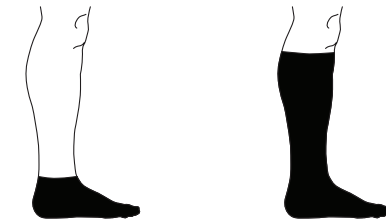


Purchase Order No	Date	Fitter's Phone No.
Ordered by	Patient	Age
Street	Ship to	
City State Zip	Street	
Fitter	City State Zip	



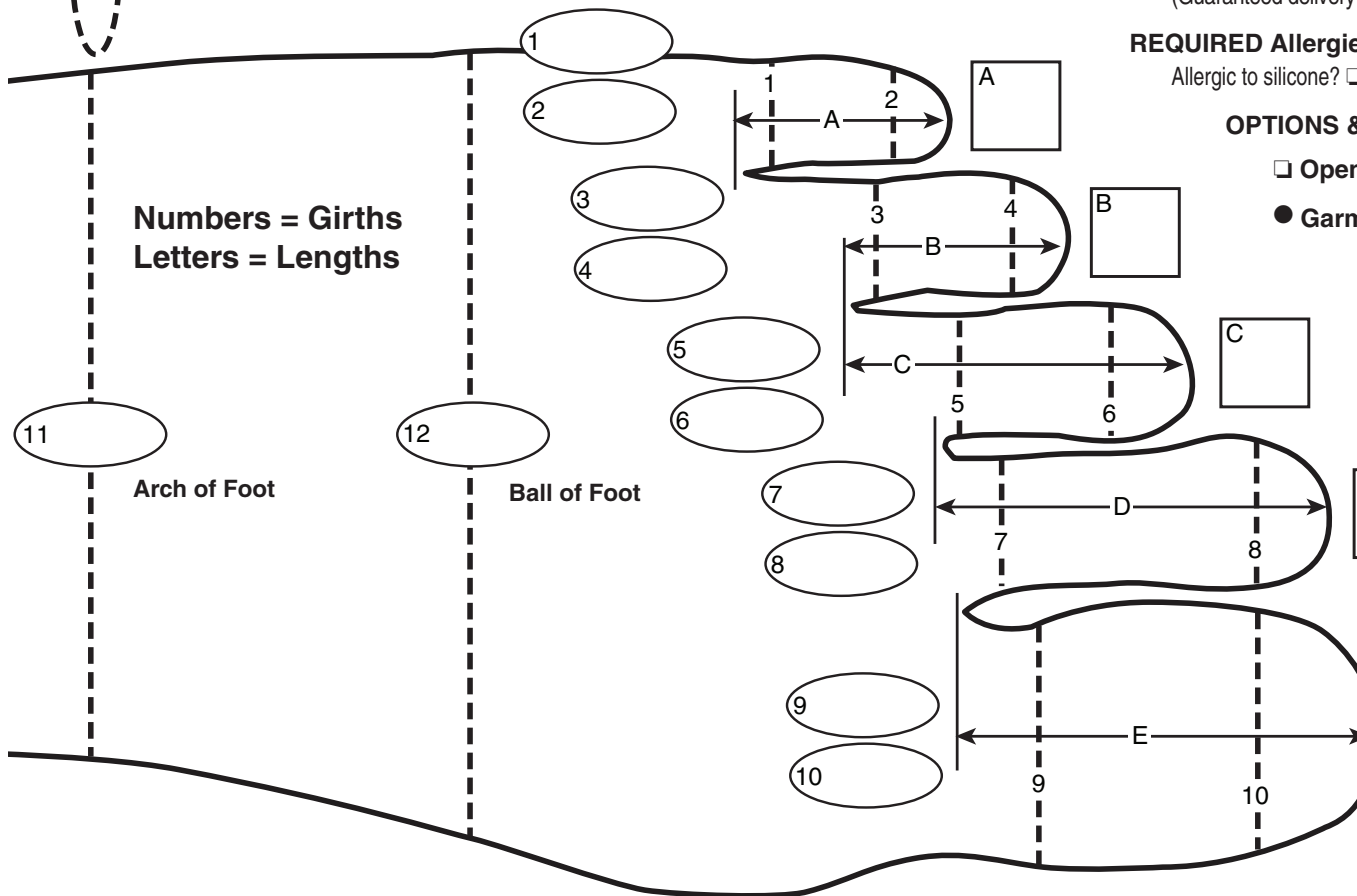
460

461

Form F-034 also required for 460 or 461

All Dotted Lines:
Measure full
circumference

Form F-034 also required for all foot glove orders!



Numbers = Girths
Letters = Lengths

Arch of Foot

Ball of Foot

HOTLINE SERVICE

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

REQUIRED Allergies:

Allergic to silicone? Yes, No, NA | Allergic to metal? Yes, No, NA

OPTIONS & EXTRAS:

Open Tips (or) Closed Tips

● Garment Color No: _____

PLEASE CHECK ONE:

Burn (or) Lymphedema

● **Elastic Band:**

Regular - 1" 2" (or)

Silicone - 1" 2" (or)

Microdot - 2" (or)

None

Comments & Instructions:
