

Patient: Last Name: _____ First Name _____

Fitter: _____ Clinic _____

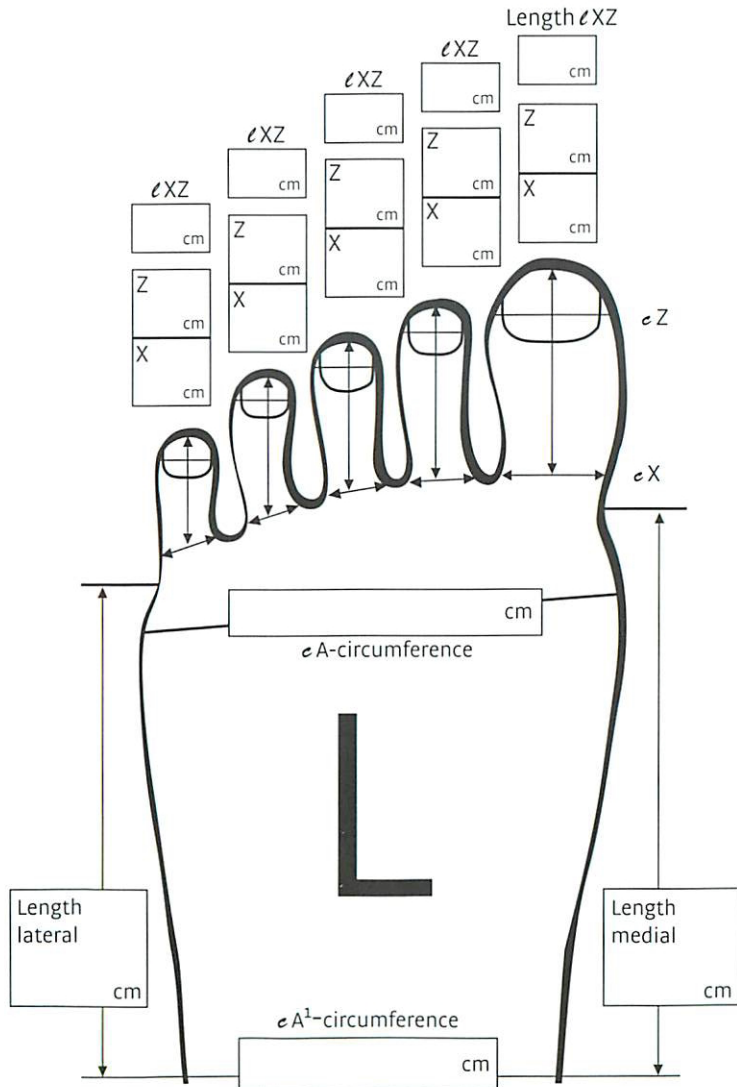
Fitter Title: _____ (example: PT/OT/PTA)

Date: _____



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 info@stillmeinc.com

Custom Flat Knit Toe Glove Measurement Form



LEFT	RIGHT
<input type="checkbox"/>	<input type="checkbox"/>
Quantity	Quantity
Color:	
<input type="checkbox"/>	<input type="checkbox"/>
Caramel	
<input type="checkbox"/>	<input type="checkbox"/>
Black	
<input type="checkbox"/>	<input type="checkbox"/>
Sand	
<input type="checkbox"/>	<input type="checkbox"/>
CCL 1 (18-21 mmHg)	
<input type="checkbox"/>	<input type="checkbox"/>
CCL 2 (23-32 mmHg)	
<input type="checkbox"/>	<input type="checkbox"/>
CCL 3 (34-46 mmHg)	
<input type="checkbox"/>	<input type="checkbox"/>
Open Toe	
<input type="checkbox"/>	<input type="checkbox"/>
Without Small Toe	
<input type="checkbox"/>	<input type="checkbox"/>
Closed Toe	
<input type="checkbox"/>	<input type="checkbox"/>
Lymphpad removeable	
<input type="checkbox"/>	<input type="checkbox"/>
Lymphpad permanent	
Dimensions: Length by Width _____ x _____	

MEASUREMENTS IN CM
 eZ = Ending Circumference
 eX = Base Circumference
Please always give ALL toe circumferences!

