

Patient: Last Name: _____ First Name _____

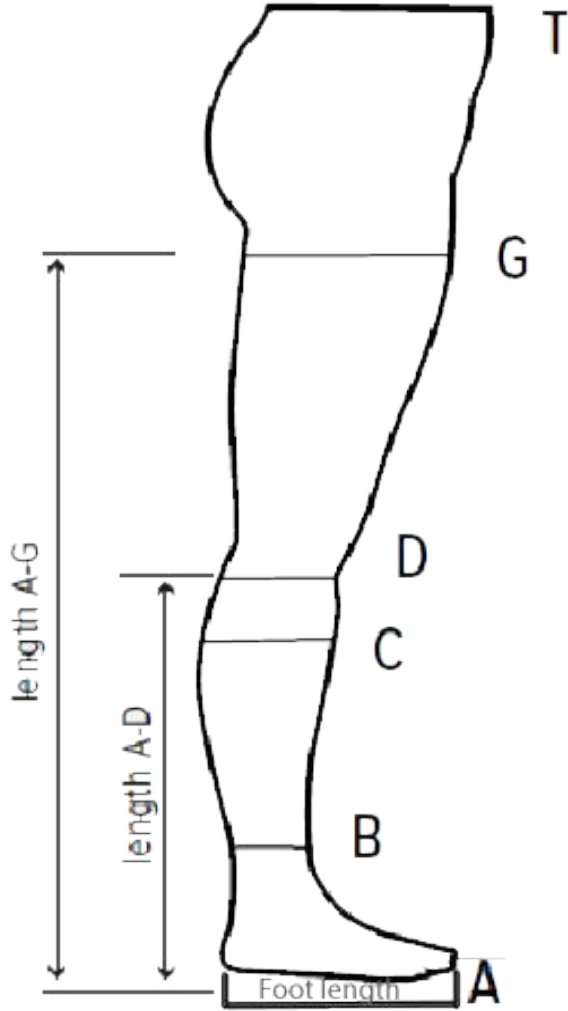
Fitter: _____ Clinic _____

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

Date: _____

LEFT RIGHT







Notes



LEFT	RIGHT	Notes
_____	_____	_____
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A-D length

A-G length

- 
knee
- 
thigh
- L R 
thigh w/
hip attach
- 
pantyhose
- 
maternity
pantyhose
- 
legging

- Open Toe
- Closed Toe
- with Silicone
- with no Silicone
- Beige
- Black