



PLEASE DIRECT ALL ORDERS TO: office: +1 419 474-2973  
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**REQUIRED FOR ALL FOOT GLOVE ORDERS**

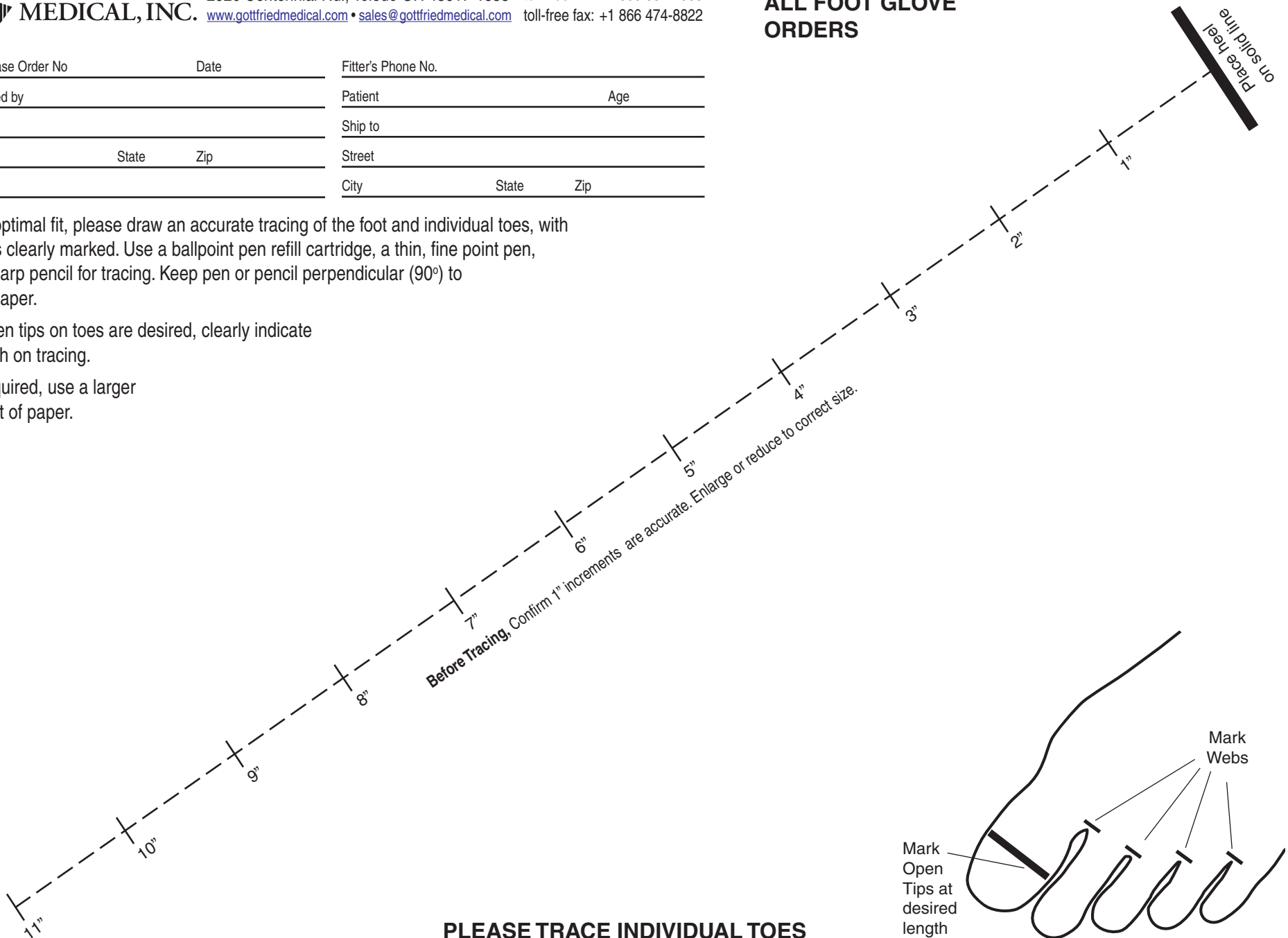
**Form F-034 - Foot Tracing**

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

For optimal fit, please draw an accurate tracing of the foot and individual toes, with webs clearly marked. Use a ballpoint pen refill cartridge, a thin, fine point pen, or sharp pencil for tracing. Keep pen or pencil perpendicular (90°) to the paper.

If open tips on toes are desired, clearly indicate length on tracing.

If required, use a larger sheet of paper.



**PLEASE TRACE INDIVIDUAL TOES**