



PLEASE DIRECT ALL ORDERS TO:  
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**Form F-038 - Glove Tracing**  
 RIGHT OR LEFT HAND TRACING PROVIDES OPTIMAL FIT

Date \_\_\_\_\_  
 Facility \_\_\_\_\_  
 Fitter's Phone No. \_\_\_\_\_  
 Patient's Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_

