NOTICE TO PATIENT
Please take this form to an authorized Gottfried Medical Dealer for ordering, measuring and fitting. Please contact us at the number above if you require assistance in locating a dealer.

Compression (mmHg):
- 22-28 (Burns)
- 20-30
- 30-40
- 40-50
- 50-60

OPTIONS
Toe Caps: "Foot tracing required for Closed Toe"
- Open Toe
- Soft Toe*
- Self Toe*

Foot Length: (Please include foot tracing)
- Left ________
- Right ________

Zipper:
- Open (Allows garment to be completely open)
- Closed (Does not open completely, allows for easier donning)

Flex Seams:
- Ankle
- Back of Knee
- Elbow
- Other ________________

Elastic Bands:
- Regular - 1"
- Regular - 2"
- Silicone - 1"
- Silicone - 2"

Garment Lining:
- Medial Side AKA: REINFORCEMENT
- Heel
- Lateral Side
- Ankle

ORDERING FACILITY INFORMATION
Facility Name:
Contact Name:
Phone: Fax:
Email:

© Gottfried Medical, Inc.
Gottfried Medical grants the user a limited, non-exclusive license to duplicate this form, provided the copyright notice and this permission statement appear on all copies.

2013 08-05