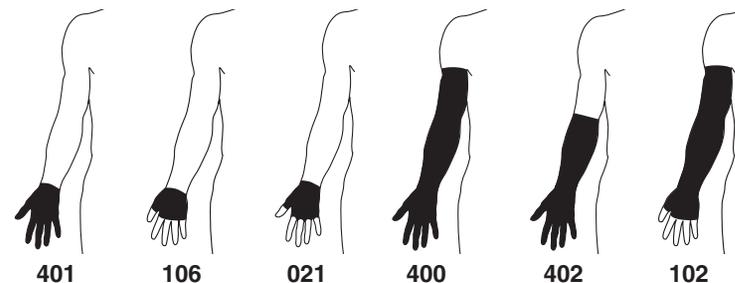


Purchase Order No	Date	Fitter's Phone No.
Ordered by	Patient	Age
Street	Ship to	
City State Zip	Street	
Fitter	City State Zip	



Please refer to our current price list for a description of these items

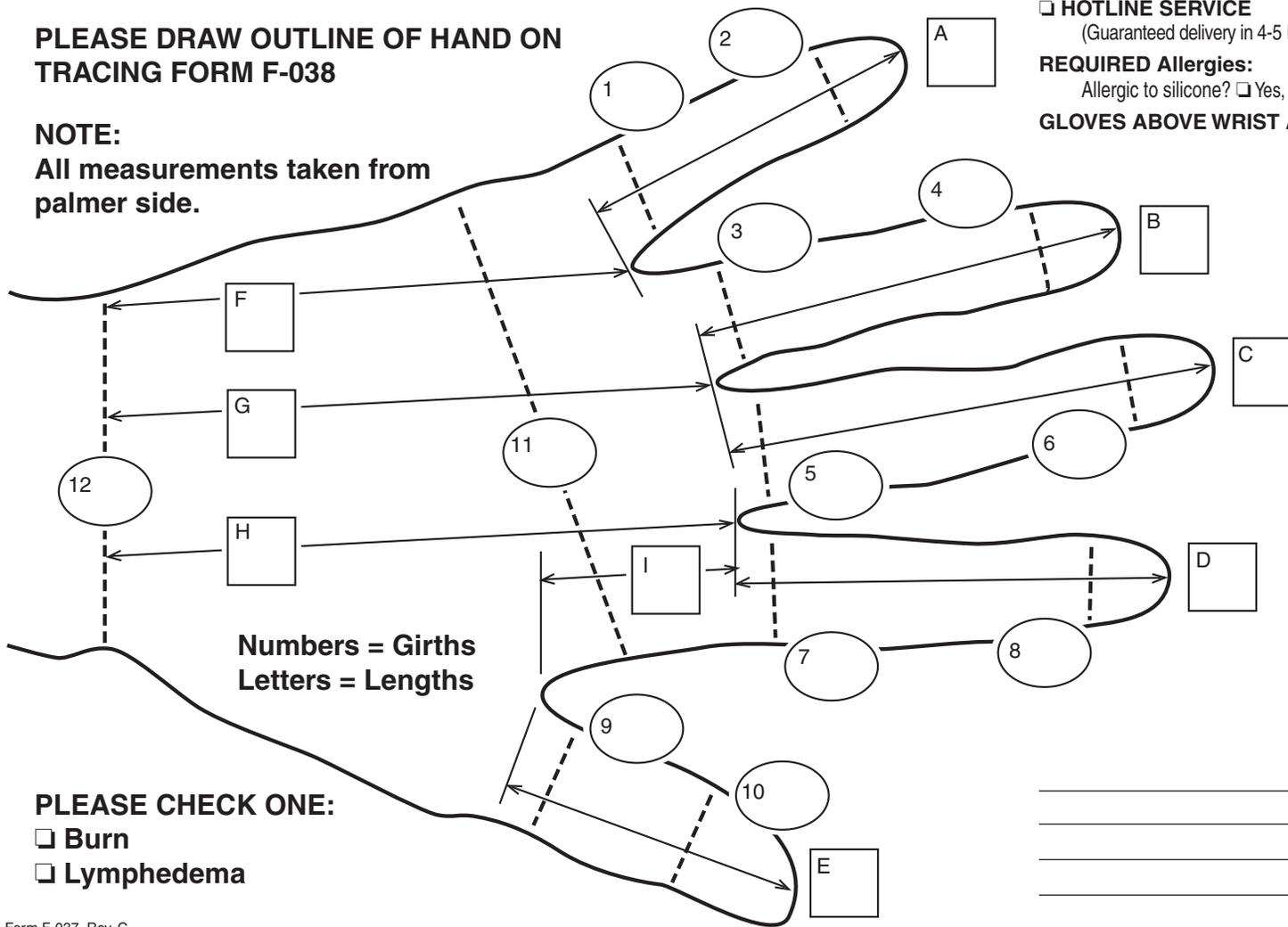
HOTLINE SERVICE
 (Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

REQUIRED Allergies:
 Allergic to silicone? Yes, No, NA | Allergic to metal? Yes, No, NA

GLOVES ABOVE WRIST ALSO REQUIRE FORM 035 OR 036

PLEASE DRAW OUTLINE OF HAND ON TRACING FORM F-038

NOTE:
 All measurements taken from palmer side.



Numbers = Girths
 Letters = Lengths

PLEASE CHECK ONE:
 Burn
 Lymphedema

Left Hand (or) Right Hand

- OPTIONS & EXTRAS:**
- Slant Inserts
 - Zipper:
Indicate length & location
 - **Fingertips:**
 - Open (or) Closed
 - If Open, indicate length desired in applicable box. Note as "Open".
 - **Glove Length:**
 - To wrist (or)
 - *Above wrist (or)
 - *To axilla
 - *Gloves above wrist also require Form F-035 or F-036.
 - **Elastic Band at Wrist:**
 - Regular - 1" 2" (or)
 - Silicone - 1" 2" (or)
 - Microdot - 2" (or)
 - None
 - **Garment Color No:** _____

COMMENTS & INSTRUCTIONS:
