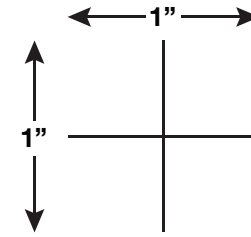
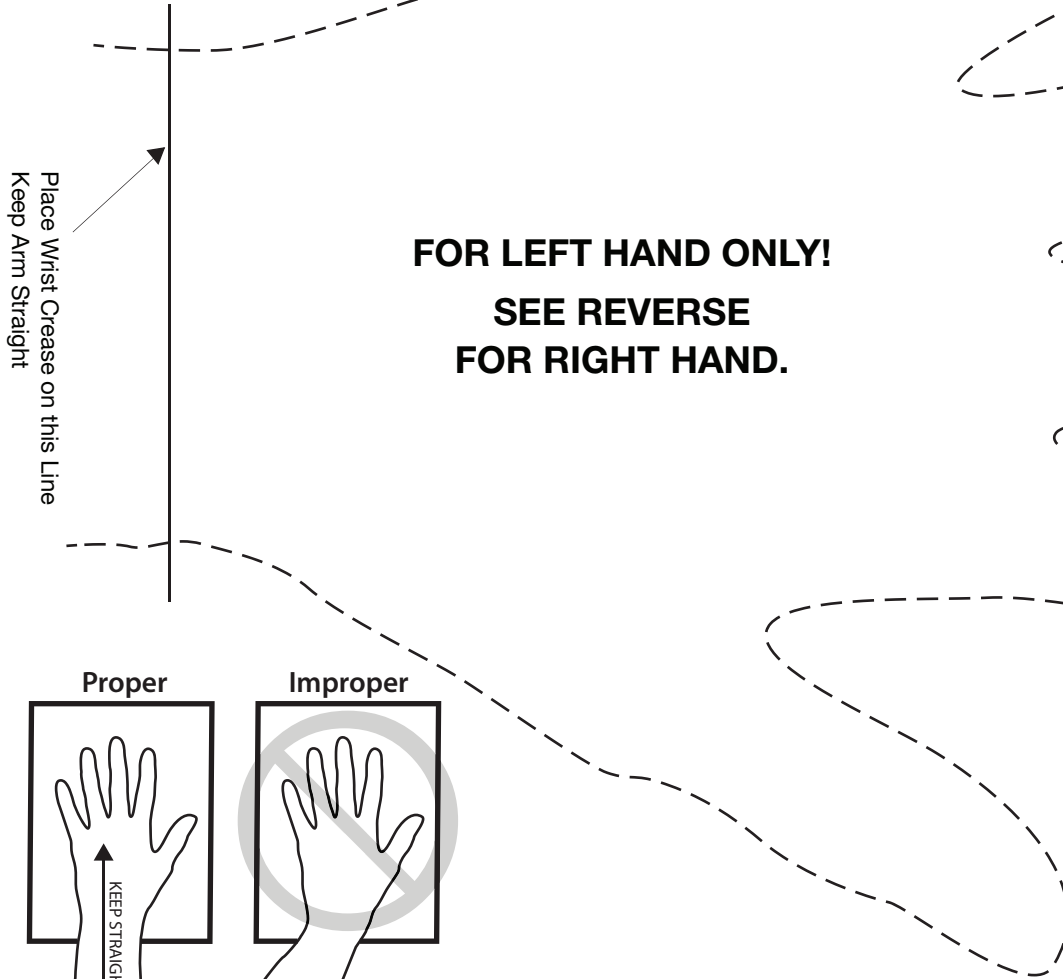


office: +1 419 474-2973 • toll-free: +1 800 537-1968 • toll-free fax: +1 866 474-8822

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

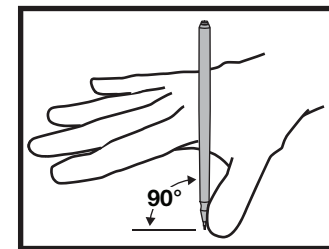
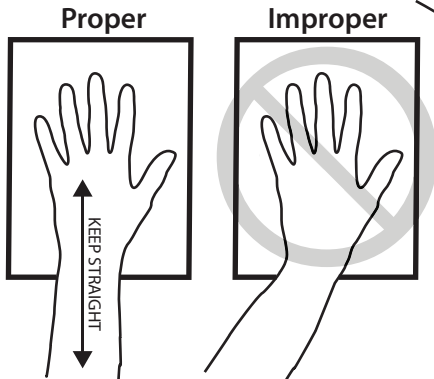


IMPORTANT!
Include a
one inch
scale cross
as shown
here.

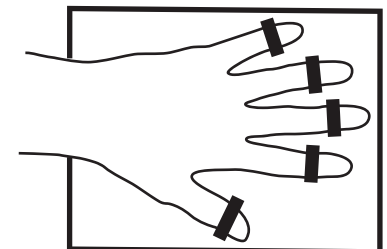


FOR LEFT HAND ONLY!
SEE REVERSE
FOR RIGHT HAND.

Place Wrist Crease on this Line
Keep Arm Straight



Keep pen perpendicular
to the surface as you trace.



Indicate open fingertip end
locations with tick mark.

office: +1 419 474-2973 • toll-free: +1 800 537-1968 • toll-free fax: +1 866 474-8822

Date _____

Facility _____

Fitter's Phone No. _____

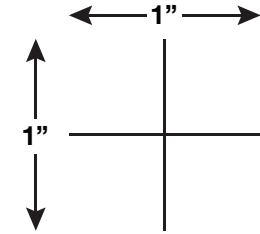
Patient's Name _____

Age _____ Sex _____

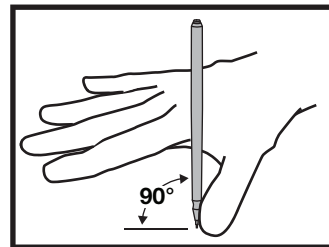
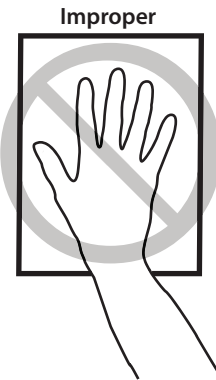
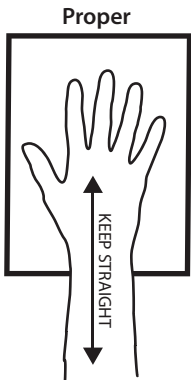
Place Wrist Crease on this Line
 Keep Arm Straight

FOR RIGHT HAND ONLY!
SEE REVERSE
FOR LEFT HAND.

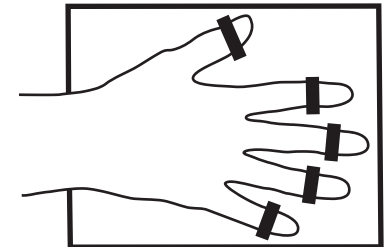
Form F-038 - Glove Tracing
 RIGHT OR LEFT HAND TRACING PROVIDES OPTIMAL FIT



IMPORTANT!
 Include a
 one inch
 scale cross
 as shown
 here.



**Keep pen perpendicular
 to the surface as you trace.**



**Indicate open fingertip end
 locations with tick mark.**