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

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

OPTIONS

- Toe Caps: *Foot tracing required for Closed Toe
  - Open Toe
  - Soft Toe
  - Sell 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:

Patient Name:

Ordering Facility:

Date:

NOTES

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