

PLEASE DIRECT ALL ORDERS TO:

2920 Centennial Rd., Toledo OH 43617-1833

office: +1 419 474-2973

toll-free: +1 800 537-1968

Purchase Order No	Date		Patient Name		
acility Name			☐Male ☐Female Age	Height	Weight
Street			Ship to Address: 🖵 Same as fa	cility	
City	State	Zip	Street		
itter	Phone No.		City	State	Zip

LENGTHS

IMPORTANT: Lengths to be taken from the back and from the floor barefooted to the girth points. Please measure carefully and complete all appropriate boxes.

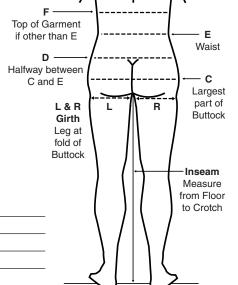
NOTE: One leg waist length supports with closed crotch can only be made in panty style, (Cat. No. 303). Measure girth of

F Floor to F Ε Floor to E D Floor to D С Floor to C L Inseam R

unsupported leg at fold of buttocks, and girth 5" below fold. Pregnancy Garments: Available only with closed crotch. Pregnancy Month:

GIRTHS

Order Notes:			



Read measurements from straight edge of blue spine on paper tapes in: (check one) □ Inches □ Centimeter

Form F-029 - For Use With Paper Tapes

	201 2 Please r		300 Dour cur	302 rent prior	303 ce list fo	304 or a des	305 ccription	306		
С	ompres					20.40	🗀 40	0-50 l	□ 50-	60
	□ 22-28 EQUIR Allergic to tyle: □ Left (ED AII	ergies ? □ Yes	s: , □ No, □	NA AI	lergic to	metal? 🗆	ù Yes, □	No, □ N	
O	PTION	IS					Closed I	Fly		
	☐ So	aps: ' pen Toe ft Toe* elf Toe*	*Foot tra	-	q. for Clo .ength:	osed Toe 		OOT LE	NGTH	
	☐ Lat	edial Sid teral Sid en Thro	le		stic Ba Regula Regula Silicon Silicon	ar - 1" ar - 2" ie - 1"	AKA:	REINFORC Heel Knee Knee	☐ Ank Front Back	-
	Flex Son	ent Co	lor: (*	ast colo	r ordere			Inner ault)	Thigh	
ers			□ 061 □ 071 □ 076 □ 092	SCREAMING YELLOW NAUTICAL NAVY	□ 4062 □ 072 sc □ 080 g □ 093 B	CARLET REEN PPLE	□ 063 8 □ 073 8 □ 081 8 □ 094 1	1064 MIDN 1074 SKY 1090 PANS 1095 ORAN	Y	

7.7%	9	4½	3	11/2	0	11/2	က	4½	9	71/2	6	10%	12	13%	15	161⁄2	18	19%	21	22%	24	75%	27	28%	30	31%	33	34%	98
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