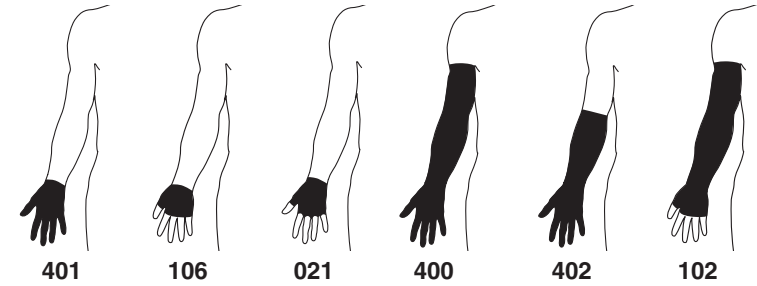


Purchase Order No	Date	Fitter's Phone No.
Ordered by	Patient	Age
Street	Ship to	
City State Zip	Street	
Fitter	City State Zip	



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**

**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"**

**Regular - 2"**

**Silicone - 1"**

**Silicone - 2"**

**None**

● **Garment Color No:** \_\_\_\_\_

**COMMENTS & INSTRUCTIONS:**

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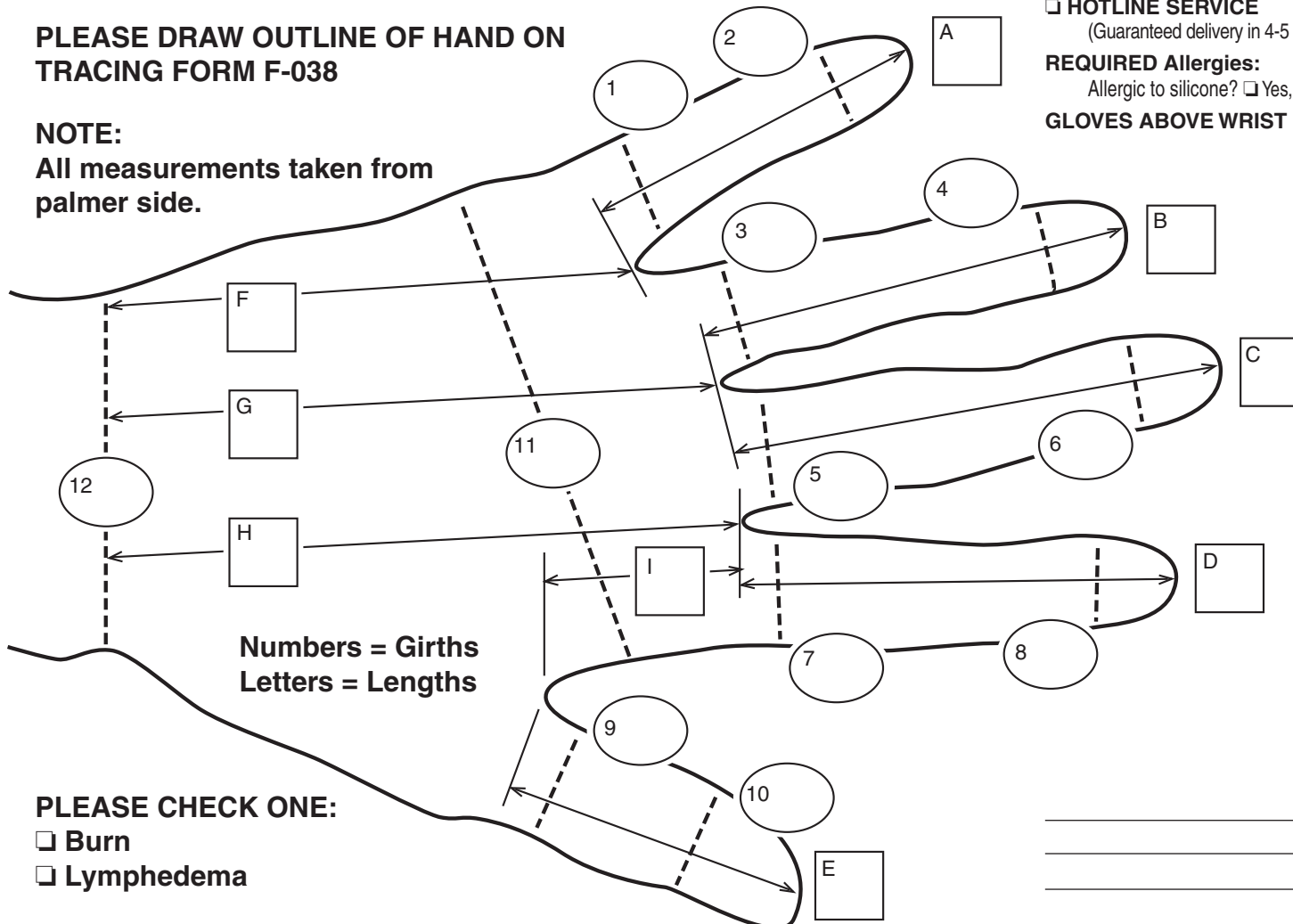


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**PLEASE DRAW OUTLINE OF HAND ON TRACING FORM F-038**

**NOTE:**

**All measurements taken from palmer side.**



**Numbers = Girths**  
**Letters = Lengths**

**PLEASE CHECK ONE:**

**Burn**

**Lymphedema**