

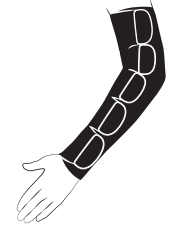
Patient Name	Order No.	Repeat Garment No.
Date Measured	Clinic / Hospital	
Measured by	Telephone	E-mail



1 QUANTITY

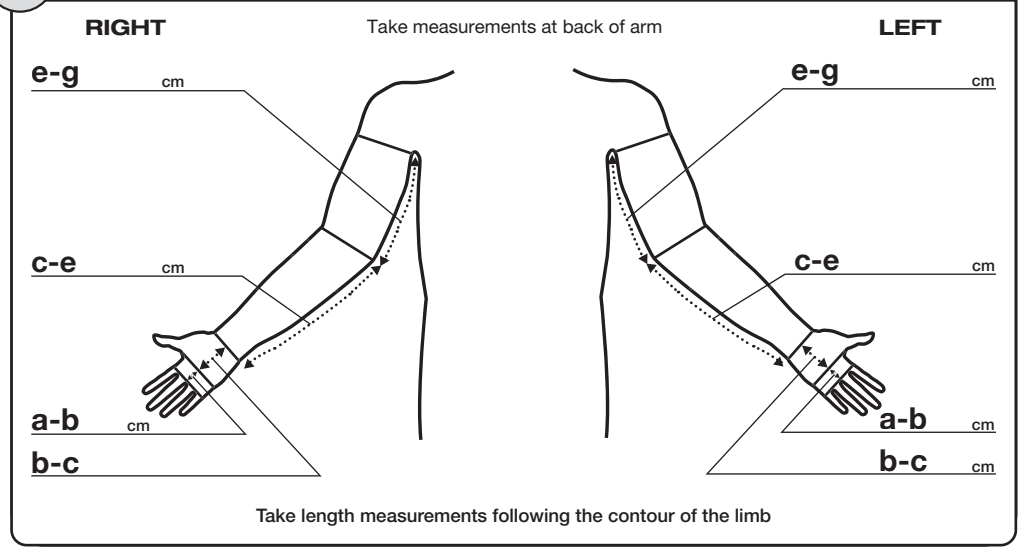


HAND	Right	Left
Light EL-HC		

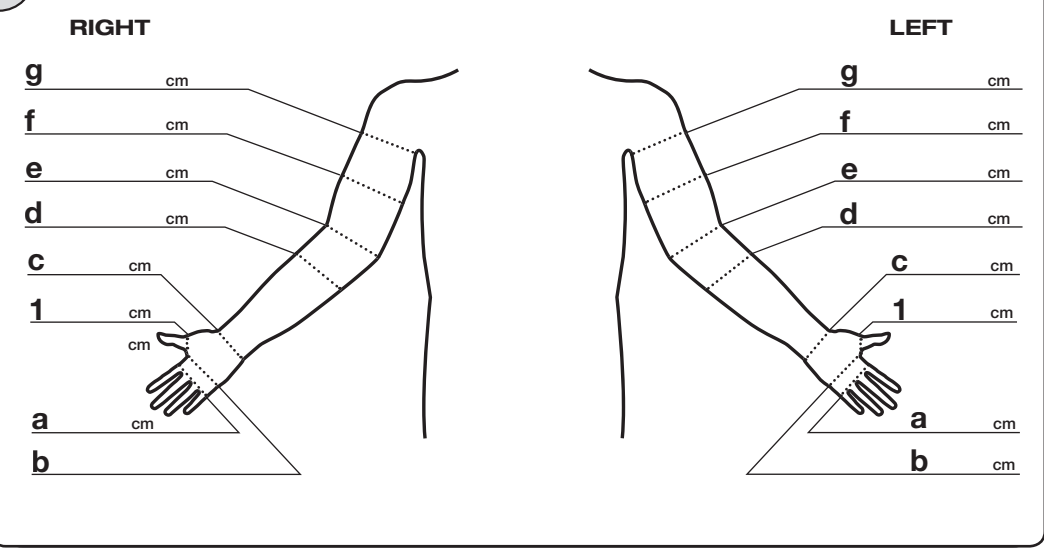


ARM	Right	Left
Light EL-AC		

2 LENGTH MEASUREMENTS



3 CIRCUMFERENCE MEASUREMENTS



MEASUREMENT POINTS

g Axilla	d Widest forearm
f Mid upper arm	1 Base of thumb (widest point)
e Elbow crease	b Palm at fold of thumb
c Wrist crease	a Palm at base of fingers

4 CHOOSE COLOUR

SAND	
BLACK	

5 COMMENTS / REQUESTS