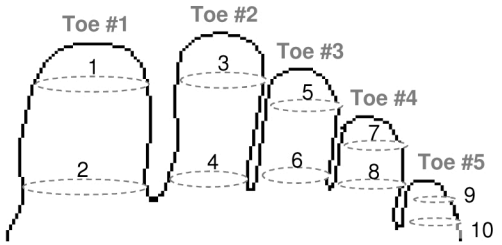
MEDICALZ®

From: _____
Date: _____/_____/_____
Patient: _____
Date of Birth: _____/_____/_____
Sex: *(Circle One)* Male○ Female○
Organization File No _____
Medical Z File No. _____
Measured By _____ / _____

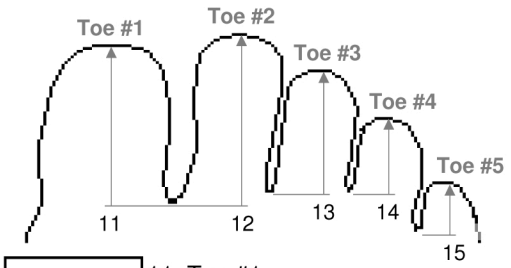
Comments: _____

Toe Circumferences



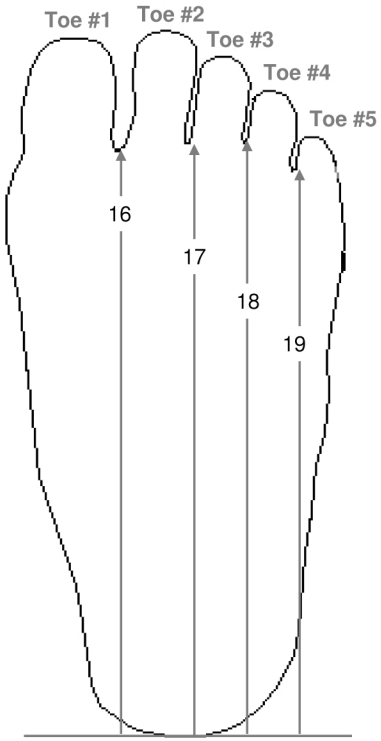
☐ 1. Distal Toe	☐ 6. Proximal Toe
☐ 2. Proximal Toe	☐ 7. Distal Toe
☐ 3. Distal Toe	☐ 8. Proximal Toe
☐ 4. Proximal Toe	☐ 9. Distal Toe
☐ 5. Distal Toe	☐ 10. Proximal Toe

Toe Lengths



- ☐ 11. Toe #1
- ☐ 12. Toe #2
- ☐ 13. Toe #3
- ☐ 14. Toe #4
- ☐ 15. Toe #5

Foot Lengths



- ☐ 16. Heel to Web Space Between Toes 1&2
- ☐ 17. Heel to Web Space Between Toes 2&3
- ☐ 18. Heel to Web Space Between Toes 3&4
- ☐ 19. Heel to Web Space Between Toes 4&5

IMPORTANT: this form must accompany the stocking/anklet form in order to manufactor the foot glove.

- ☐ **Right Foot Glove**
- ☐ **Left Foot Glove**
- ☐ Toes Open Tips
- ☐ Toes Closed Tips
- ☐ Attached Foot Glove
- ☐ Unattacched Foot Glove
- ☐ **Color**
- ☐ **Fresh Fabrics**
- ☐ **Coolmax**
- ☐ **Standard**

All measurements are in centimeters to the nearest 10th