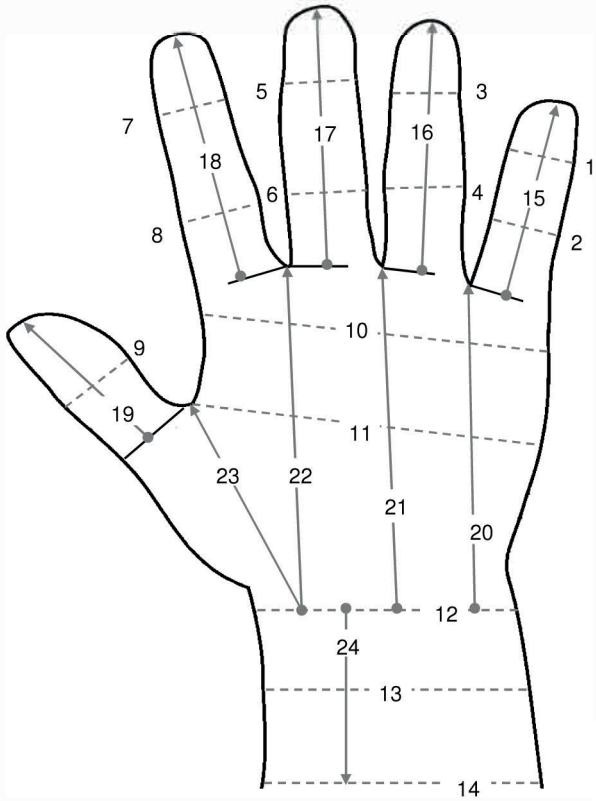
MEDICALZ®

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

Comments:

Circumferences

	Right	Left
1. Little Finger DIP		
2. Little Finger PIP		
3. Ring Finger DIP		
4. Ring Finger PIP		
5. Middle Finger DIP		
6. Middle Finger PIP		
7. Index Finger DIP		
8. Index Finger PIP		
9. Thumb		
10. MCPs		
11. Palm		
12. Wrist		
13. Between Wrist & End of Wrist Band		
14. End of Wrist Band *(<or= to 5.0cm)*		



Lengths

Right	Left	
		15. Web to End of Little Finger
		16. Web to End of Ring Finger
		17. Web to End of Middle Finger
		18. Web to End of Index Finger
		19. Web to End of Thumb
		20. Wrist to Web Between Little & Ring
		21. Wrist to Web Between Ring and Middle
		22. Wrist to Web of Middle & Index
		23. Wrist to Web of Index & Thumb
		24. From Wrist to End of Wrist Band

Style

	Right	Left
Gauntlet		
Glove, Open Tips		
Glove, Closed Tips		
Web spacer		

	Fresh Fabrics
	Coolmax
	Standard

Right	Left	
		Color

Use the additional Options Glove Form

Ali measurements are in centimeters ta the nearest 10th