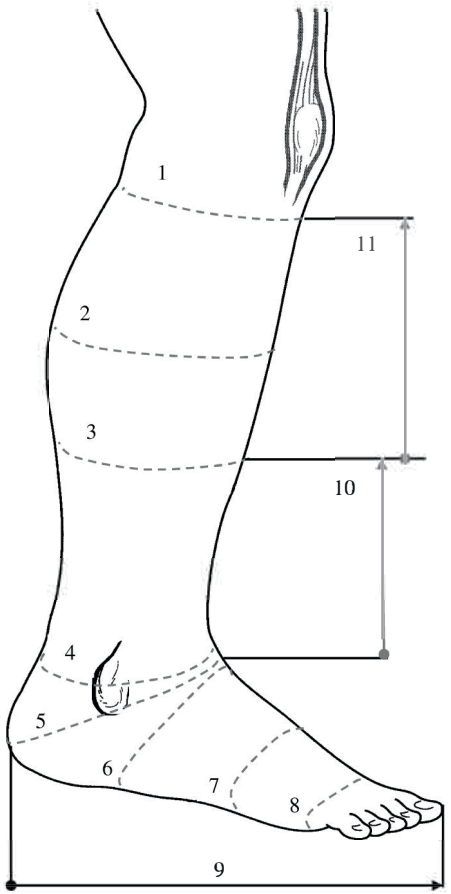
MEDICALZ®

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. End of Support		
2. Calf (Largest Circumference)		
3. Under Calf (Between #2 and #4)		
4. Ankle (malleolus)		
5. Heel		
6. Vault of Foot		
7. Tarsometatarsal (TMT) Joints		
8. Metatarsophalangeal (MTP) Joints		



Lenghts

Right	Left	
		9. Foot Length
		10. Ankle to Under Calf
		11. Under Calf to Below Knee

Styles

☐ **Anklet**
(this garment requires #s 3-10)

☐ **Stocking to Knee**
(this garment requires #s 1-11)

☐ **Stocking to Thigh**
(this garment requires #s 4-9)
PLUS (Leg measurements)

☐ **Fresh Fabrics**
☐ **Coolmax**
☐ **Standard**

☐ **Color**

☐ **Open**
☐ **Closed**

Use the additional options stocking form

All measurements are in centimeters to the nearest 10th