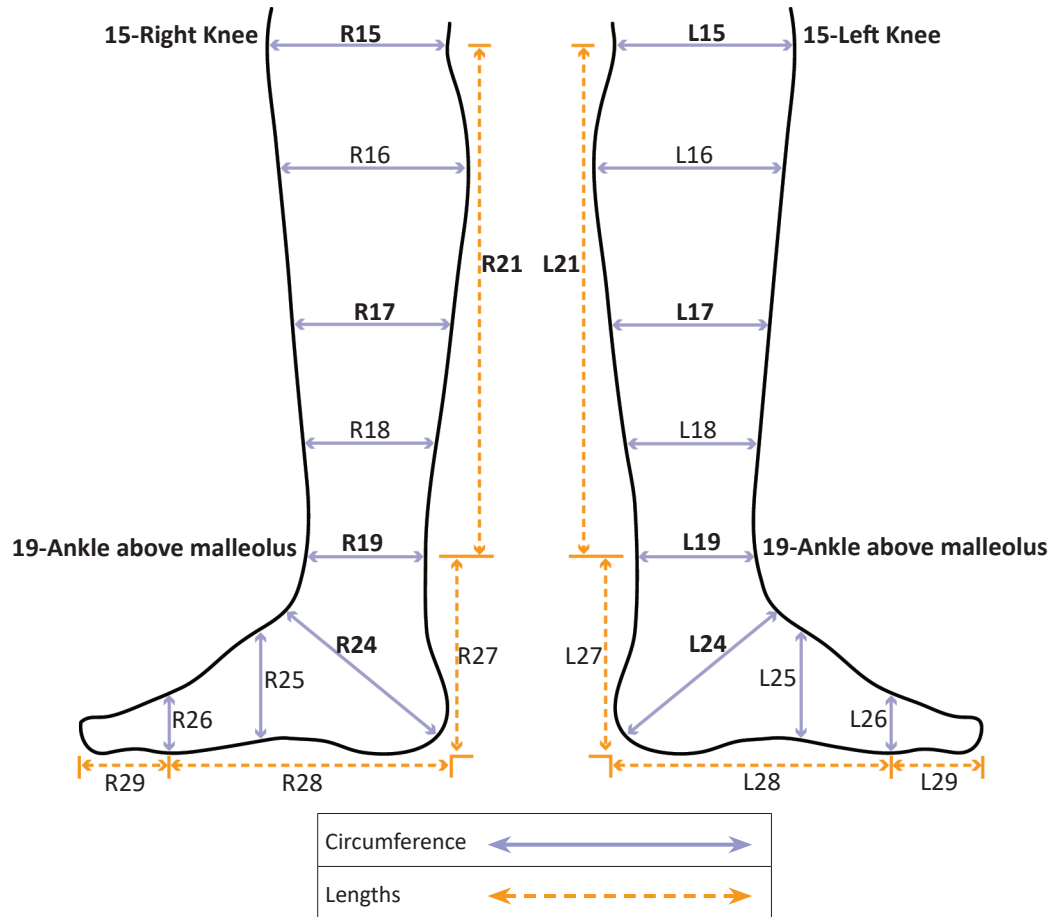


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PATIENT REFERENCE NUMBER OR NAME:

Product Name:

Quantity: _____ **Date:** _____

Measurement for Circumferences		Left (cm)	Right (cm)
15	Knee joint		
16	Upper calf		
17	Mid calf		
18	Lower calf		
19	Upper margin of medial malleolus		
24	Around foot and heel under malleolus		
25	Instep or waist of foot		
26	Foot at metatarsal heads		
Measurement for Lengths		Left (cm)	Right (cm)
21	Medial malleolus to required top of sock		
27	Upper margin medial malleolus to sole of foot		
28	Metatarsal heads to heel (medial)		
29	Metatarsal heads to tip of toes (medial)		

Specific Instructions:

Sock Style / Options <i>(tick if required)</i>	Left	Right
Open toe		
Enclosed toe <i>(please tick)</i> : <input type="checkbox"/> Self <input type="checkbox"/> Soft		
Ankle contracture seam		
Reinforced heel		
Zipper location <i>(please tick)</i> : <input type="checkbox"/> Lateral <input type="checkbox"/> Medial		