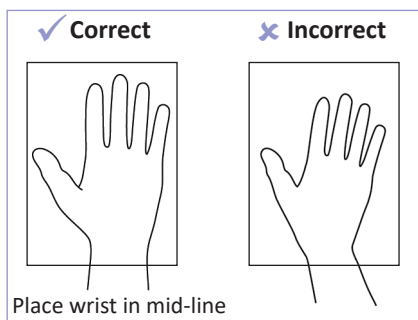
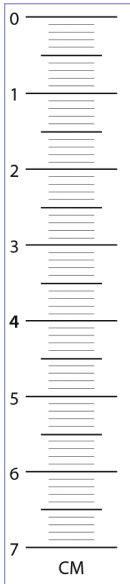
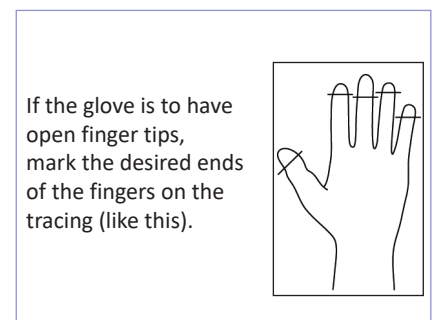


PATIENT REFERENCE NUMBER <u>OR</u> NAME:
Hospital:
Date:

Please do not send a hand tracing without a scale

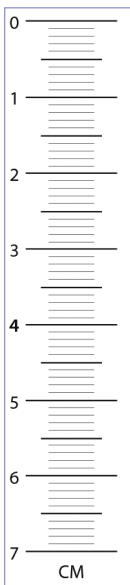


- Keep wrist straight and mark wrist crease.
- Spread fingers and thumb apart.
- Please mark web spaces clearly.
- In order to mark correctly into the web spaces, use a ball point pen refill.
- Keep pen perpendicular to the paper (no angle).



PATIENT REFERENCE NUMBER <u>OR</u> NAME:
Hospital:
Date:

Please do not send a foot tracing without a scale



**Required in conjunction with
Foot Measurement Form**

**For a foot glove, use the
Foot Glove Measurement Form**

**Keep pen perpendicular to the paper
and mark clearly**