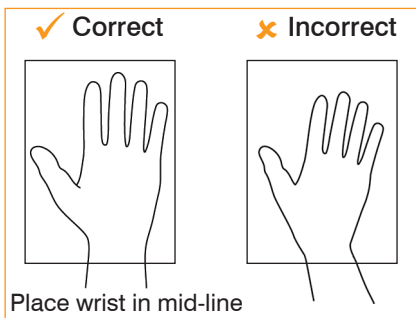
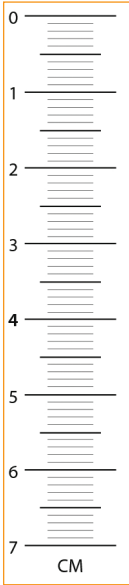


For more information contact our Customer Service Team at:  
**Jobskin Ltd Ireland:**  
 t: +353 (0) 504 90100 | e: ireorders@jobskin.ie  
**UK Customers:**  
 t: 0870 240 3963 | e: ireorders@jobskin.ie  
 Website: [www.jobskin.co.uk](http://www.jobskin.co.uk)

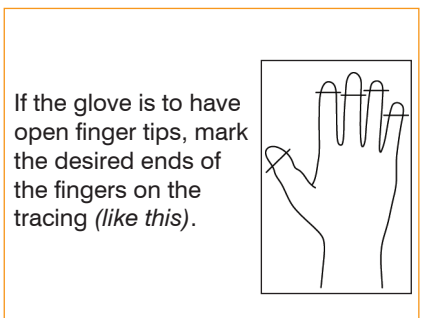
(Please complete Patient Reference No. OR Name)

Patient Reference No.:
Surname:
First 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).

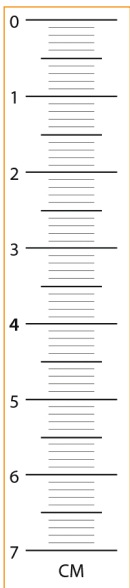


For more information contact our Customer Service Team at:  
**Jobskin Ltd Ireland:**  
 t: +353 (0) 504 90100 | e: ireorders@jobskin.ie  
**UK Customers:**  
 t: 0870 240 3963 | e: ireorders@jobskin.ie  
 Website: [www.jobskin.co.uk](http://www.jobskin.co.uk)

# Premium™ MTM Pressure Garments Foot Tracing Form

(Please complete Patient Reference No. <u>OR</u> Name)
Patient Reference No.:
Surname:
First 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