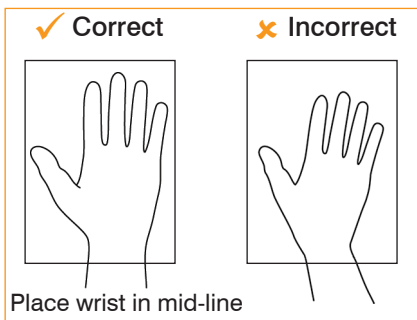
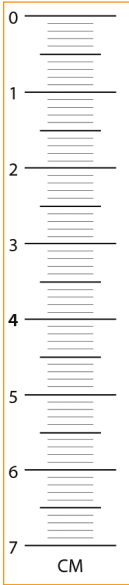


For more information contact our Customer Service Team at:
Jobskin Ltd Ireland:
 t: +353 (0) 504 90100 | f: +353 (0) 504 22735 | e: ireorders@jobskin.ie
UK Customers:
 t: 0870 240 3963 | f: 0870 240 3964 | e: ireorders@jobskin.ie
 Website: www.jobskin.co.uk

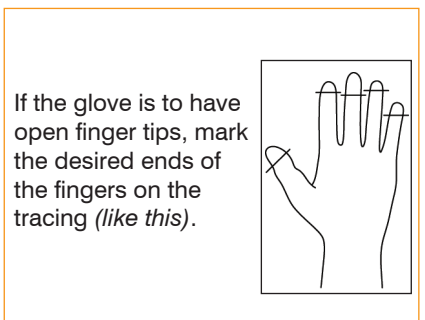
(Please complete Patient Reference No. OR Name)

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).

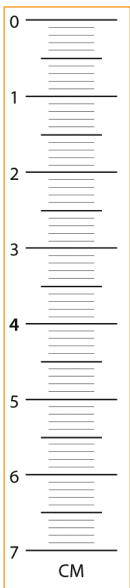


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Premium™ MTM Pressure Garments Foot Tracing Form

(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