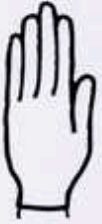



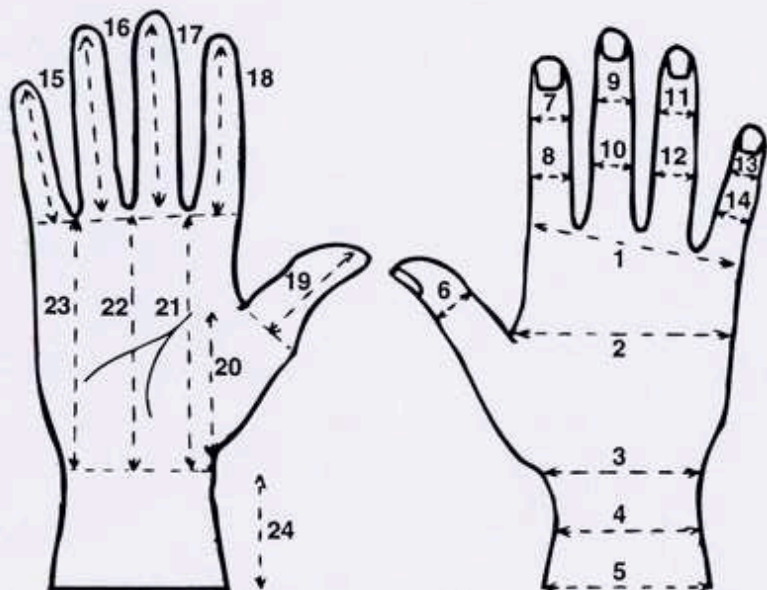


Date: ..... N°: ..... Patient: ..... ..... <input type="checkbox"/> Male Age: ..... <input type="checkbox"/> Female Weight: ..... Height: ..... Doctor: ..... Centre: ..... 1 <sup>st</sup> Order: <input type="checkbox"/> Replacement: <input type="checkbox"/>	Ref. 9203  Closed glove: <input type="checkbox"/> N° of units: ..... R <input type="checkbox"/> L <input type="checkbox"/>	Ref. 9204  Open glove: <input type="checkbox"/> N° of units: ..... R <input type="checkbox"/> L <input type="checkbox"/>	Ref. 9208  Mitt: <input type="checkbox"/> N° of units: ..... R <input type="checkbox"/> L <input type="checkbox"/>	Ref. 9205  Glove to elbow: <input type="checkbox"/> N° of units: ..... R <input type="checkbox"/> L <input type="checkbox"/>	
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CIRCUMFERENCES		R	L
1	At fold		
2	Palm		
3	Wrist		
4	Half sleeve		
5	Upper end		
6	Tip of thumb		
7	Tip index finger		
8	Middle index finger		
9	Tip of middle finger		
10	Mid middle finger		
11	Tip of ring finger		
12	Middle of ring finger		
13	Tip of little finger		
14	Middle of little finger		

LENGTHS		R	L
15	From base to tip of little finger		
16	From base to tip of ring finger		
17	From base to tip of middle finger		
18	From base to tip of index finger		
19	From base to tip of thumb		
20	From base to thumb of wrist		
21	From middle to index finger base to wrist		
22	From middle to ring finger base to wrist		
23	From ring to little finger base to wrist		
24	Length to sleeve		

R = Right hand  
L = Left hand

<b>COMMENTS</b>	
Velcro fastener <input type="checkbox"/>	Zip fastener <input type="checkbox"/>
Position	<input type="checkbox"/> Cubital <input type="checkbox"/> Radial <input type="checkbox"/> Dorsal