



Account Number: 120167

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____



Custom Flat Knit Toe Glove Measurement Form

LEFT	RIGHT
<input type="checkbox"/>	<input type="checkbox"/>
Quantity	Quantity
Color:	
<input type="checkbox"/> Caramel	<input type="checkbox"/>
<input type="checkbox"/> Black	<input type="checkbox"/>
<input type="checkbox"/> Sand	<input type="checkbox"/>
<input type="checkbox"/> CCL 1 (18-21 mmHg)	<input type="checkbox"/>
<input type="checkbox"/> CCL 2 (23-32 mmHg)	<input type="checkbox"/>
<input type="checkbox"/> CCL 3 (34-46 mmHg)	<input type="checkbox"/>
<input type="checkbox"/> Open Toe	<input type="checkbox"/>
<input type="checkbox"/> Without Small Toe	<input type="checkbox"/>
<input type="checkbox"/> Closed Toe	<input type="checkbox"/>
<input type="checkbox"/> Lymphpad removeable	<input type="checkbox"/>
<input type="checkbox"/> Lymphpad permanent	<input type="checkbox"/>
Dimensions: Length by Width	
_____ x _____	

MEASUREMENTS IN CM
 eZ = Ending Circumference
 eX = Base Circumference

Please always give ALL toe circumferences!

Luna Medical, Inc. · Specialists in Venous & Lymphatic Insufficiencies

1360 N. Sandburg Terrace · Unit #103 · Chicago, IL 60610 · Phone (800) 380-4339 · Fax (888) 696-0299 · www.lunamedical.com