



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

sigvaris

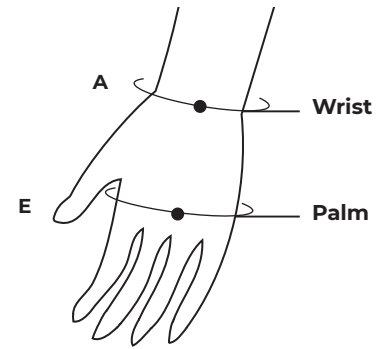
Hand Compression Wear

Circumference

Left Right

A _____

E _____



Product Information			
<input type="checkbox"/> Medahand Glove	Color: Black	Item #:	
<input type="checkbox"/> Right <input type="checkbox"/> Left	Size:	Quantity	
<input type="checkbox"/> Medaglove Glove	Color: Black	Item #:	
<input type="checkbox"/> Right <input type="checkbox"/> Left	Size:	Quantity	
<input type="checkbox"/> Dorsal Pocket Glove	Color: Black	Item #:	
<input type="checkbox"/> Right <input type="checkbox"/> Left	Size:	Quantity	

Hand Size Chart (A- E) (Available in Black Only)

	Small	Medium	Large	X Large
E	15-19cm	19-22cm	22-26cm	26-29cm
A	14-20cm	16-22cm	18-24cm	20-26cm

Medahand				
Right	1201-HDR-R	1202-HDR-R	1203-HDR-R	1204-HDR-R
Left	1201-HDR-L	1202-HDR-L	1203-HDR-L	1204-HDR-L

Medaglove				
Right	1201-GLR-R	1202-GLR-R	1203-GLR-R	1204-GLR-R
Left	1201-GLR-L	1202-GLR-L	1203-GLR-L	1204-GLR-L

Dorsal Pocket Glove				
Right	1201-DGR-R	1202-DGR-R	1203-DGR-R	1204-DGR-R
Left	1201-DGR-L	1202-DGR-L	1203-DGR-L	1204-DGR-L

Measuring Instructions

Hand Size:

Measure circumference at palm and record on line E
 Measure circumference at wrist and record on line A