

Patient Name

Measured By

Date

Clinic/DME

Purchase Order No.

Billing Address

Shipping Address

F-MF ver.01

# Microfine GLOVE

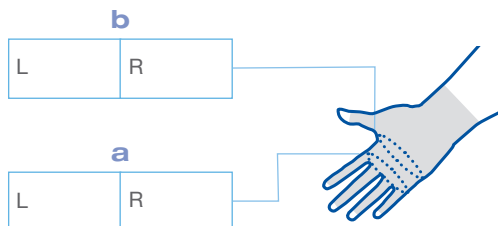
### COMPRESSION

20-30mmHg

### COLOR

Classic Beige  Sand  Black

### QUANTITY



Circumference cm

**XXS**  **XS**  **S**  **M**  **L**

Measurement	14-16	16-18	18-20	20-22	22-24
<b>b BASE OF THUMB</b>					
<b>a PALM AT BASE OF FINGERS</b>	15-17	17-19	19-21	21-23	24-26

# Microfine TOECAP

### COMPRESSION

20-30mmHg

### COLOR

Classic Beige  Sand  Black

### QUANTITY






Circumference cm

**XS**  **S**  **M**  **L**  **XL**




Measurement	21 - 23	23 - 25	25 - 27	27 - 29	29 - 31
<b>a BALL OF FOOT</b>					



## Microfine **GLOVE**

Circumferences cm		<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>
	<b>SAND</b>	258S-1	258S-2	258S-3	258S-4	258S-5
	<b>BLACK</b>	258B-1	258B-2	258B-3	258B-4	258B-5
	<b>CLASSIC BEIGE</b>	258-1	258-2	258-3	258-4	258-5

## Microfine **TOECAP**

Circumferences cm		<b>XXS</b>	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>
	<b>SAND</b>	208S-0	208S-1	208S-2	208S-3	208S-4
	<b>BLACK</b>	208B-0	208B-1	208B-2	208B-3	208B-4
	<b>CLASSIC BEIGE</b>	208-0	208-1	208-2	208-3	208-4