

LEFT HAND OUTLINE
FOR USE WHEN ORDERING JOBST® GLOVES
 (For Right Hand, see other side)

Patient Name: _____
 File#: _____
 Acct. #: _____ Date: _____
 Measured by: _____



Insurance Covered
COMPRESSION
THERAPY

Phone 309-664-7930 • Fax 309-664-7931
 Email orders@medsourceorders.com

INSTRUCTIONS:

- 1) Place middle finger and wrist on center line.
- 2) Place palm flat, thumb at 45° angle, spread fingers.
- 3) Use black pen.
- 4) Mark location of first flexion crease on wrist with a "W."
- 5) If open tips, mark desired length.
- 6) Fax or mail outline with order.
- 7) Do not copy form. Additional forms are available by calling 1-800-537-1063.

Center middle finger on line ⇨

8

7

6

5

4

3

2

1

0

0 1 2 3 4 5 6

45° ⇨

⇨ Mark location of first flexion crease

Center wrist on line ⇨

FORM is to scale.
Before Tracing confirm 1" increments are accurate per your printer. Enlarge or reduce to correct size if not correct.

RIGHT HAND OUTLINE

FOR USE WHEN ORDERING JOBST® GLOVES

(For Left Hand, see other side)

INSTRUCTIONS:

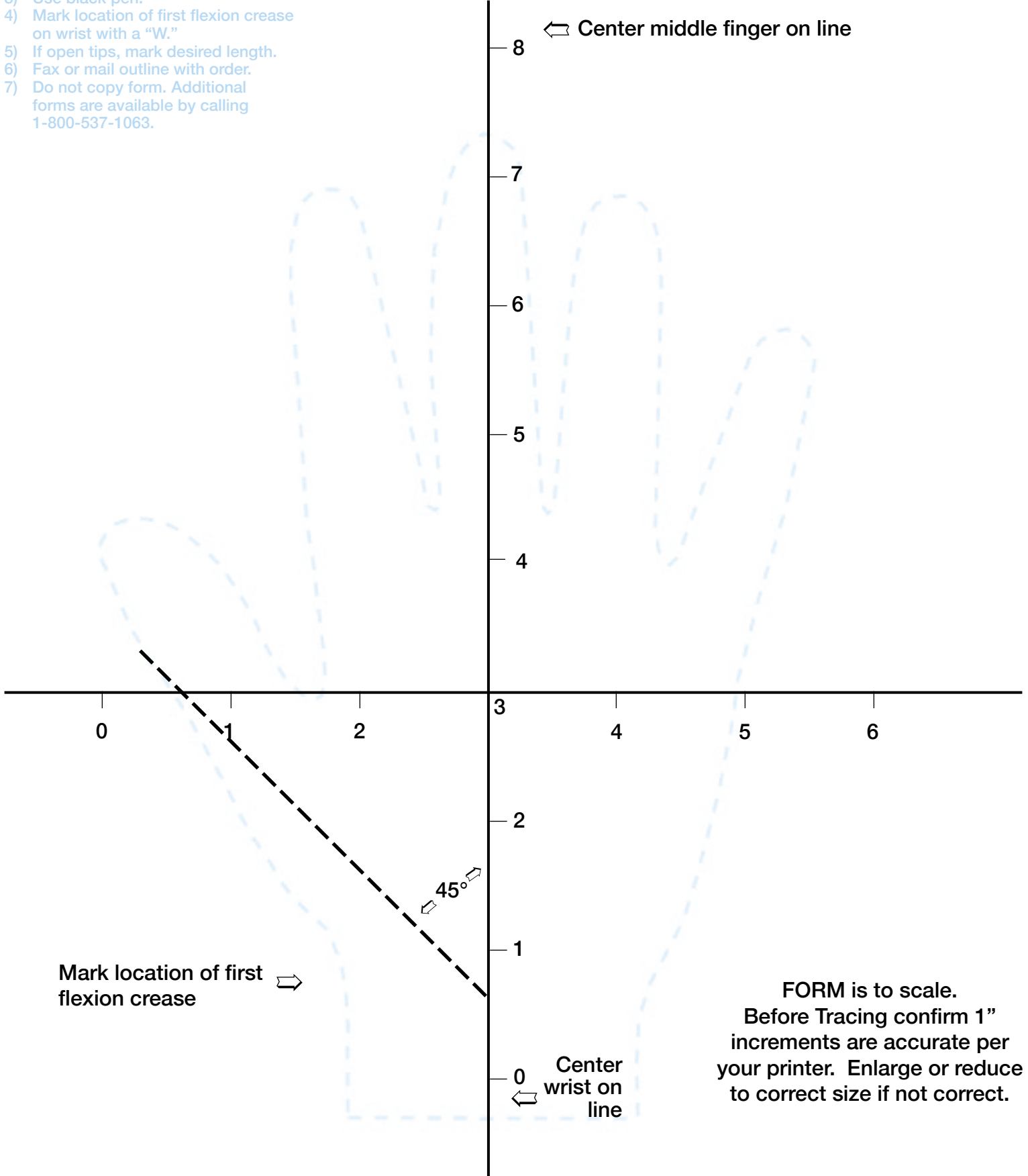
- 1) Place middle finger and wrist on center line.
- 2) Place palm flat, thumb at 45° angle, spread fingers.
- 3) Use black pen.
- 4) Mark location of first flexion crease on wrist with a "W."
- 5) If open tips, mark desired length.
- 6) Fax or mail outline with order.
- 7) Do not copy form. Additional forms are available by calling 1-800-537-1063.

Patient Name: _____

File#: _____

Acct. #: _____ Date: _____

Measured by: _____



← Center middle finger on line

8
7
6
5
4
3
2
1
0

Mark location of first flexion crease →

45° ↗ ↘

← Center wrist on line

FORM is to scale.
Before Tracing confirm 1" increments are accurate per your printer. Enlarge or reduce to correct size if not correct.