LEFT HAND OUTLINE

FOR USE WHEN ORDERING JOBST® GLOVES

(For Right Hand, see other side)

				,		Insurance Covered
	Date:					COMPRESSION
	Date:			P	Phone 309-664-793	T H E R A P Y 0 • Fax 309-664-7931
· · · · · · · · · · · · · · · · · · ·	Center middle finge		8		Email orders@n	medsourceorders.com IS: Ile finger and wrist on
			-7 -6		2) Place palm angle, spre 3) Use black 4) Mark locat on wrist wi 5) If open tips 6) Fax or mai 7) Do not cop	a flat, thumb at 45° trad fingers. pen. ion of first flexion crease th a "W." s, mark desired length. I outline with order. by form. Additional
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			[△] 45°	/		
			, //			
FORM is to scale. Before Tracing confirm 1" increments are accurate per				(←	Mark location flexion creas	
	Enlarge or reduce ize if not correct.	Center wrist on line	_ 0 			

RIGHT HAND OUTLINE

FOR USE WHEN ORDERING JOBST® GLOVES

(For Left Hand, see other side)

INSTRUCTIONS: 1) Place middle finger and wrist on	Patient Name:				
center line.	File#:				
 Place palm flat, thumb at 45° angle, spread fingers. 	Acct. #: Date:				
3) Use black pen.	Measured by:				
 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				
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Mark location of first	· · · · · · · · · · · · · · · · · · ·				
flexion crease	FORM is to scale.				
	Before Tracing confirm 1"				
	increments are accurate per Center your printer. Enlarge or reduce				
	wrist on to correct size if not correct.				
	line				