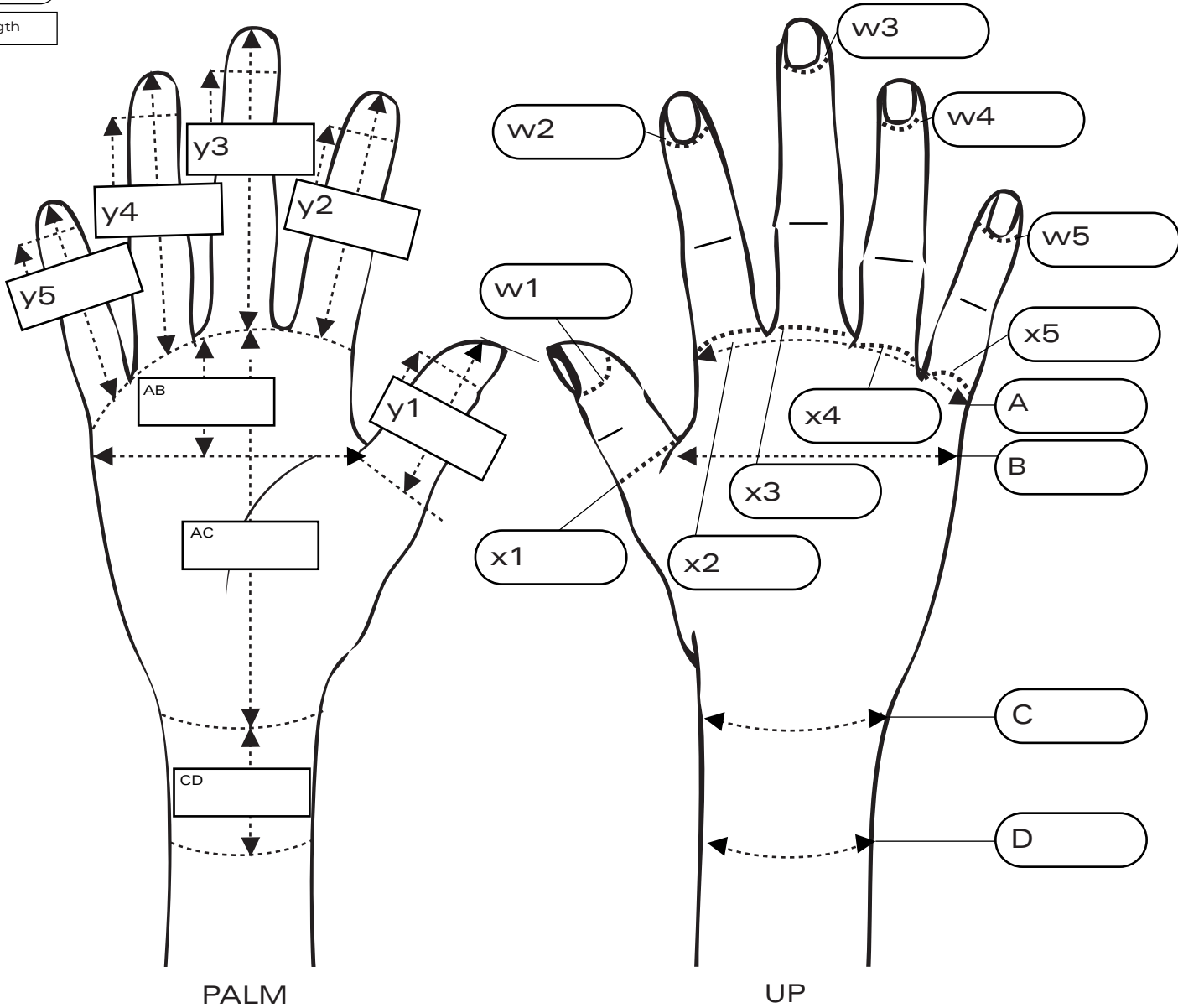


Name patient		Date of Birth	Gender	Date of Measuring
		... / ... / ...	<input type="checkbox"/> m <input type="checkbox"/> f	... / ... / 201 .
Measured by	Signature	Contact Person	Department	

Circumference

Length



	CO01 skin/skin	CO02 skin/black	CO03 black/black		SILICONE	SI01 skin	
COMFORT	[]				[]		
	ST01 skin/skin	ST03 black/black		ST06 blue/black	ST08 green/black	ST09 red/skin	ST10 red/black
STRONG	[]						
	ST11 pink/skin	ST14 bordeaux/black	ST16 grey/black	ST17 light grey/skin	ST18 light grey/black	ST19 navy blue/skin	ST20 navy blue/black
STRONG	[]						

Options:

closed fingers open fingers (min. length 1.5cm)

half glove closed thumb half glove open thumb

y1:
y2:
y3:
y4:
y5:

Remarks:

.....
.....
.....
.....

symbol boy wrist without pressure
 symbol girl with zipper (always on back) glove + arm sleeve in 1 piece left hand right hand