

# Medical Stockings Online

501 Goodlette Road N., Naples FL 34102

# Hand Portion Order Form

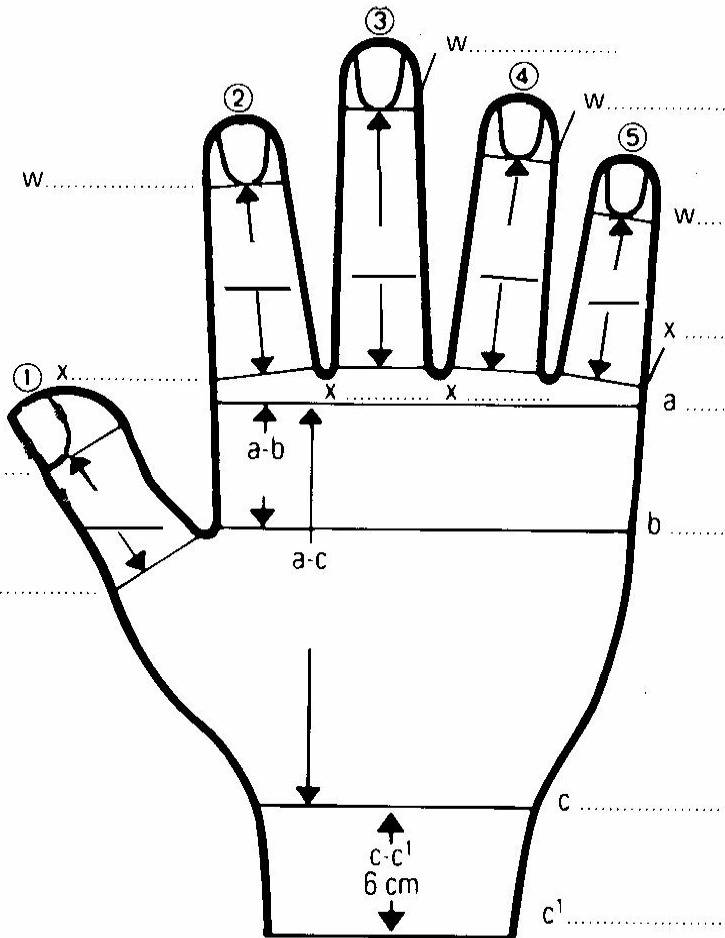
www.MedicalStockingsOnline.com

**800-809-0342**

Toll free FAX 888-872-6070

ORDERED BY		Office Number	
PATIENT'S NAME		FAX Number	
first	last	Mail garment to patient's address referrer address	
PATIENT'S MAILING ADDRESS (for newsletter)		PATIENT'S PHONE	
Complete measurements and payment info.			
CREDIT CARD _____		EXPIRATION DATE ____ / ____	
Name Card Holder:		Signature of Card Holder:	

The following custom garment is a medical necessity for this patient. Therapist sign or attach MD order:



Helastic 3020  
with thumb stub alone  
or with finger stubs  
Call or fax for price quote.

Circle compression  
20-30mmHg      30-40mmHg

Circle which hand  
Right Hand      Left Hand

Circle number of hand portions  
1   2   3

For a custom Hand Portion or  
Glove with open fingertips  
measure circumference A, B, C,  
X, W and lengths a-b, a-c, and  
1-5 x to **w**  
(1-5 should be the requested  
length of finger stub)