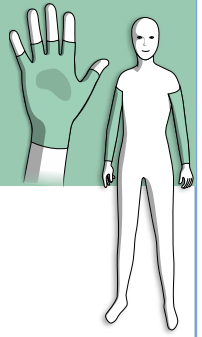


39330/39333 I/39335/39336 Glove 39340 Sleeve Measurement Form

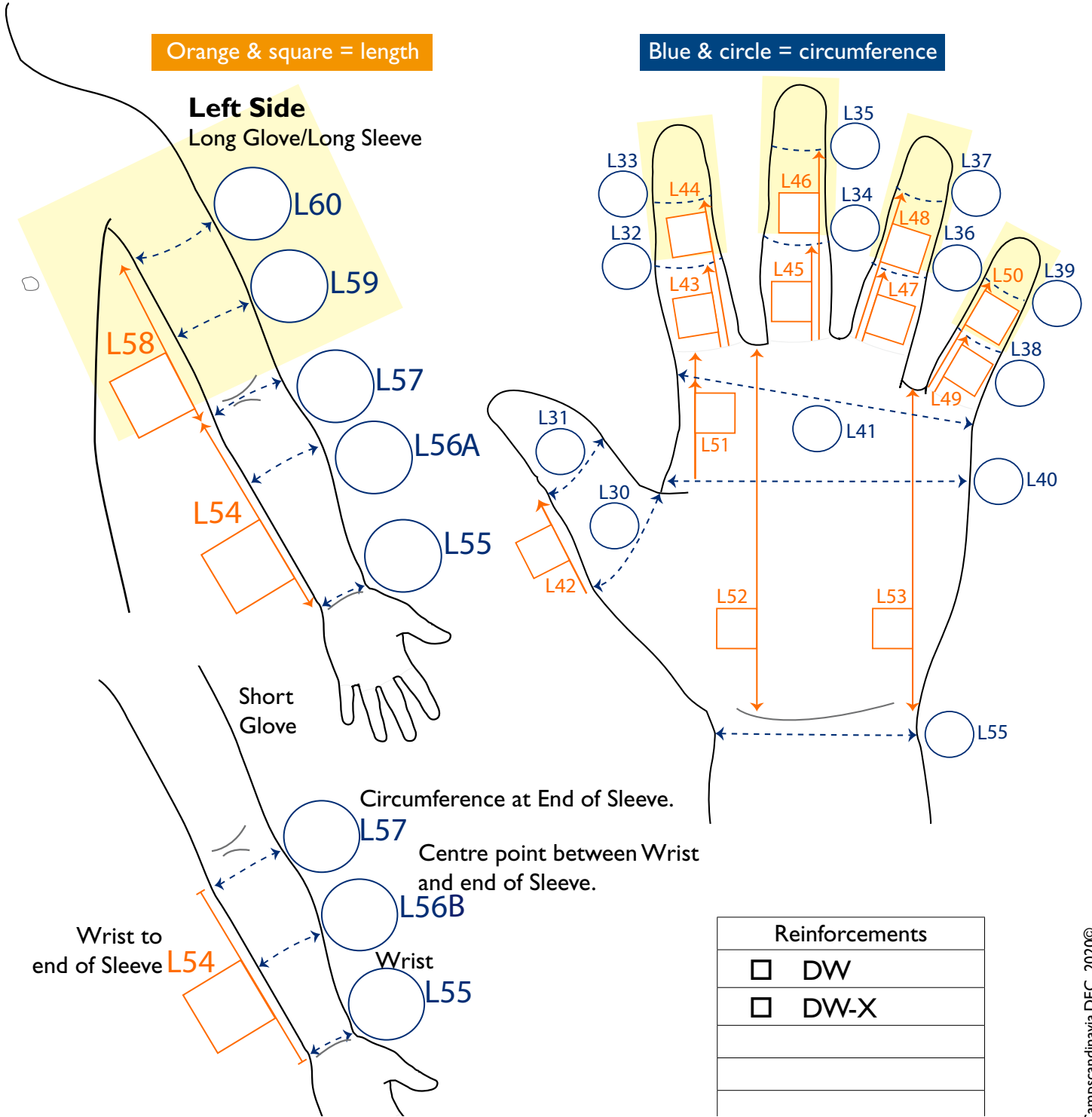
elements
body



Patient ID _____ Date: _____

Orange & square = length

Blue & circle = circumference

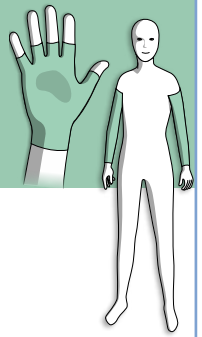


39330/39333 I/39335/39336 Glove

39340 Sleeve

Measurement Form

elements
body



Patient ID _____

Date: _____

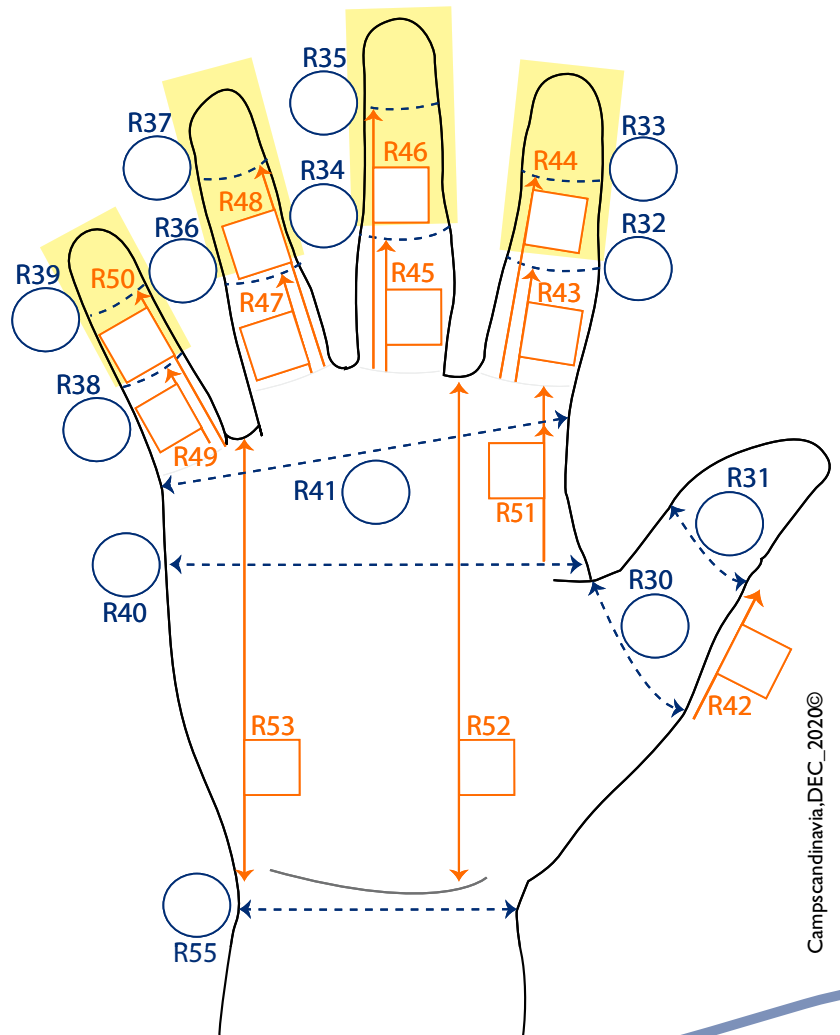
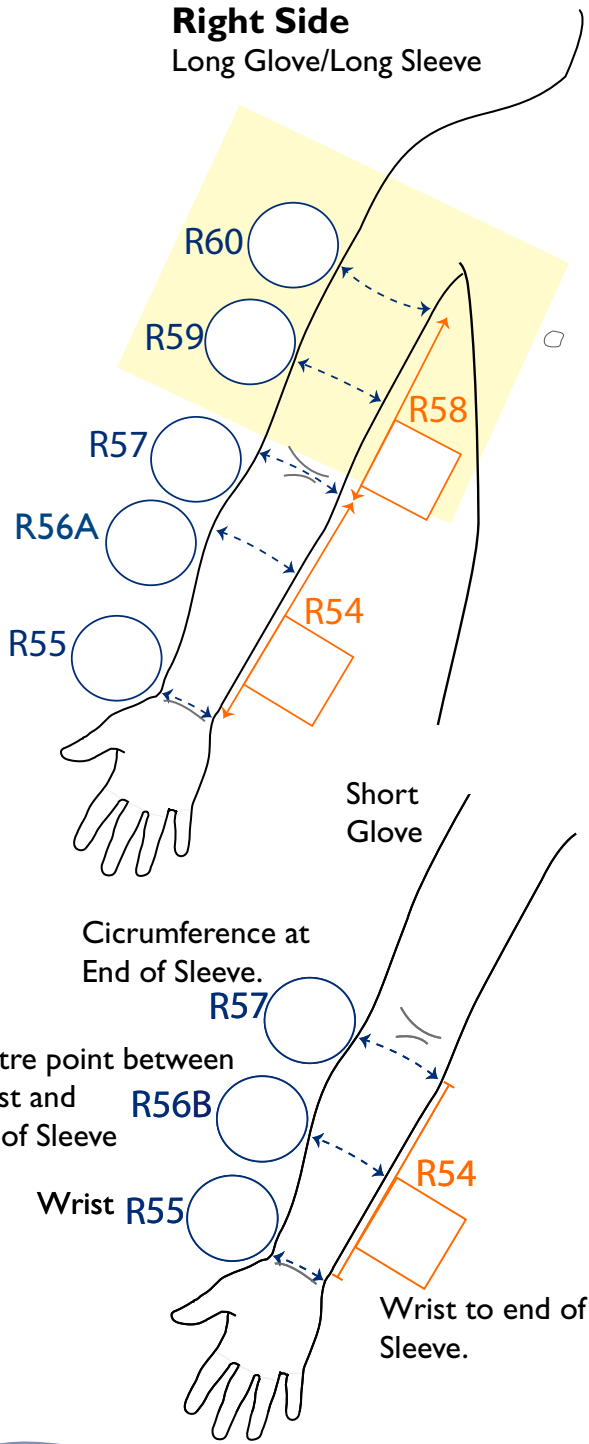
Orange & square = length

Blue & circle = circumference

Right Side

Long Glove/Long Sleeve

Reinforcements	
<input type="checkbox"/>	DW
<input type="checkbox"/>	DW-X



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