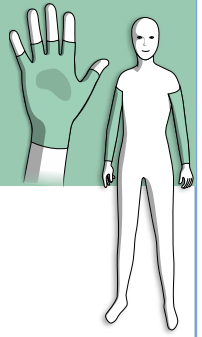


39330/39333 I/39335/39336 Glove 39340 Sleeve Measurement Form

elements
body



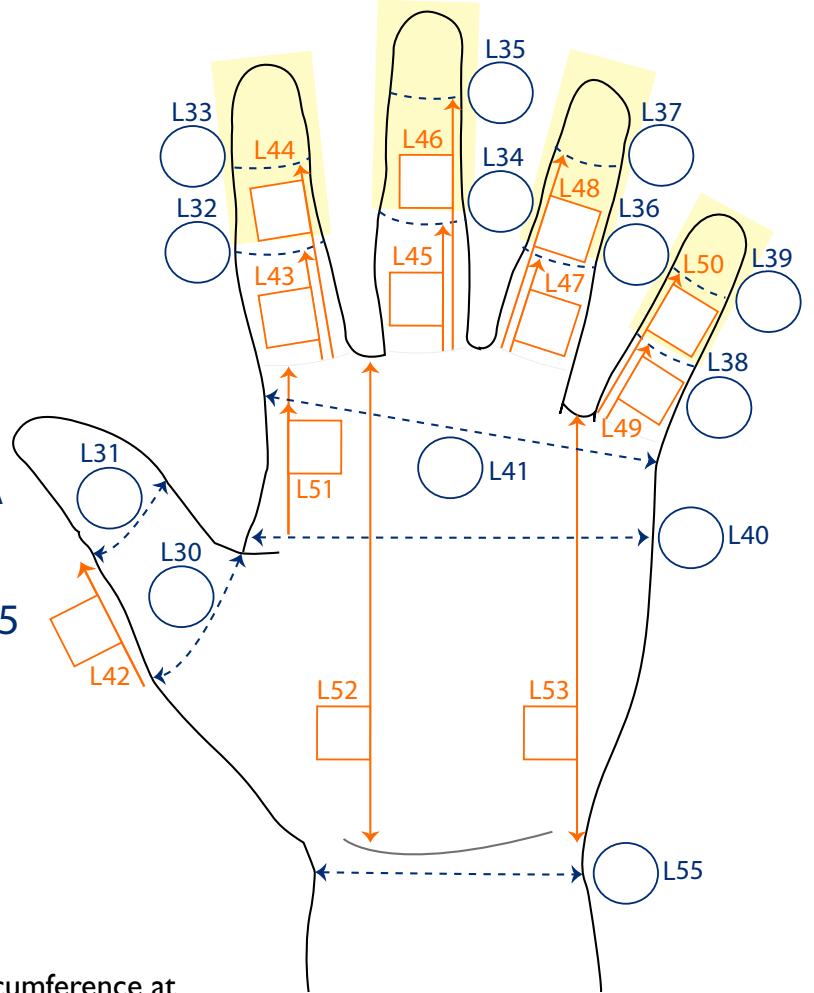
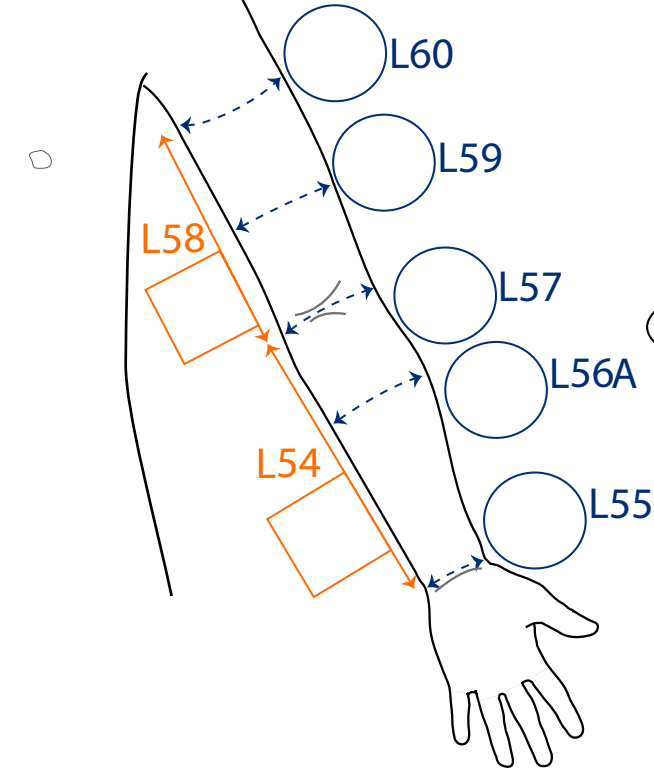
Patient ID _____ Date: _____

Orange & square = length

Blue & circle = circumference

Left Side

Long Glove/Long Sleeve



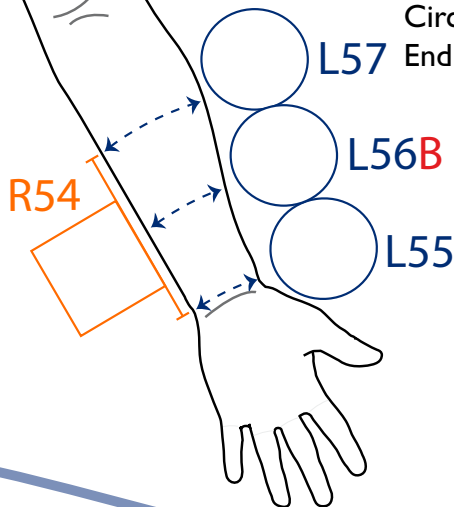
Short Glove

Circumference at End of Sleeve. **L57**

Centre point between Wrist and end of Sleeve. **L56B**

Wrist **L55**

Wrist to end of Sleeve **R54**

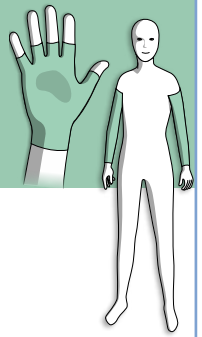


Reinforcements	
<input type="checkbox"/>	DW
<input type="checkbox"/>	DW extended
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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

elements
body



Patient ID _____

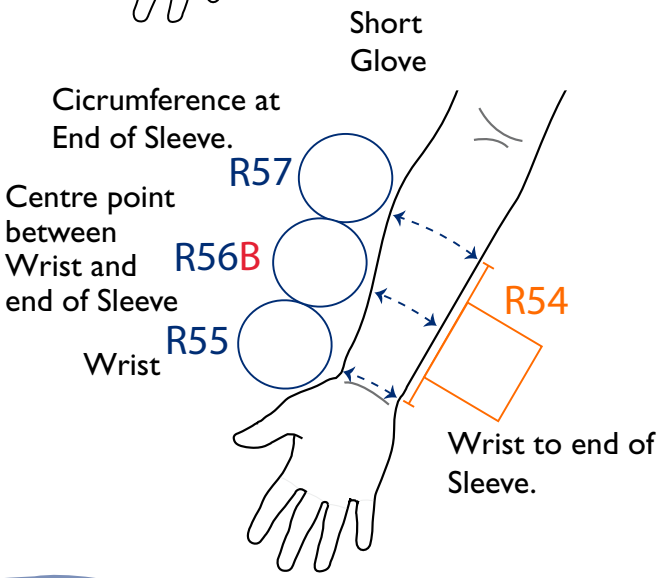
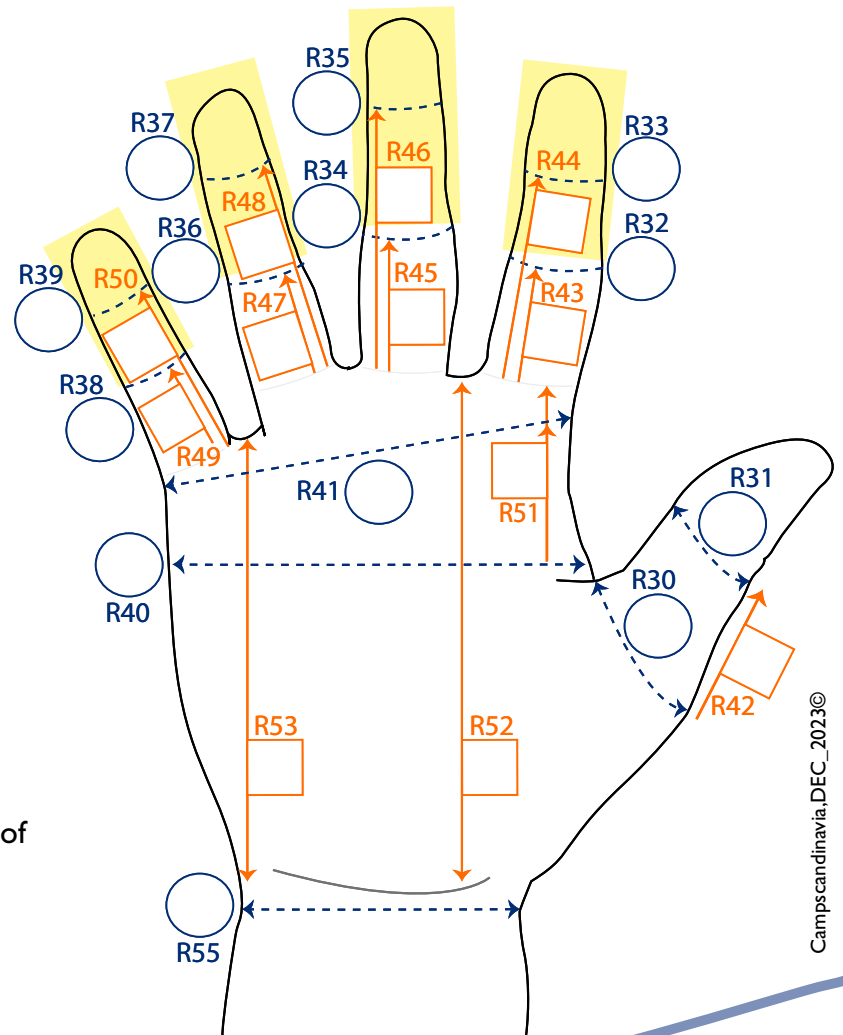
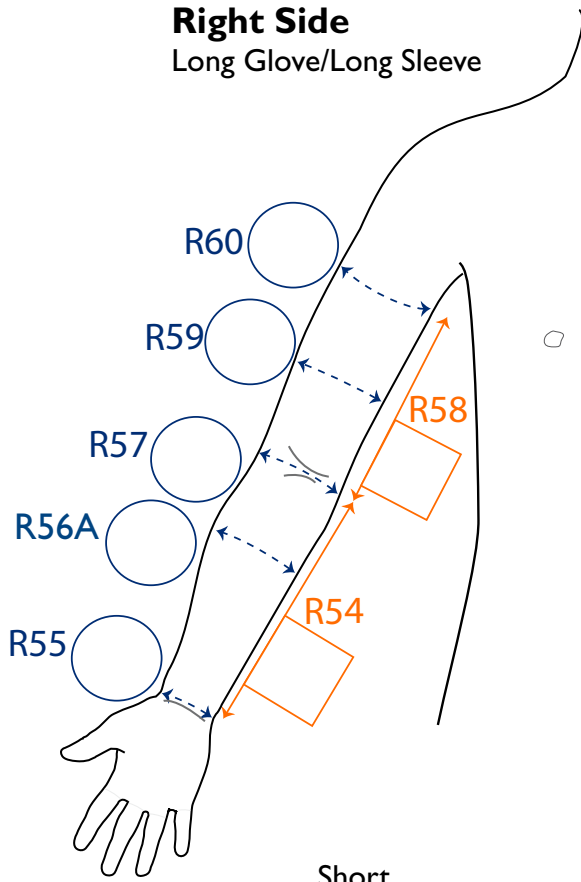
Date: _____

Orange & square = length

Blue & circle = circumference

Right Side
Long Glove/Long Sleeve

Reinforcements	
<input type="checkbox"/>	DW
<input type="checkbox"/>	DWx



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