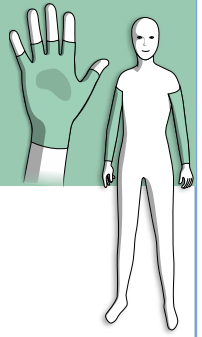


# 39330/39333 I/39335/39336 Glove 39340 Sleeve Measurement Form

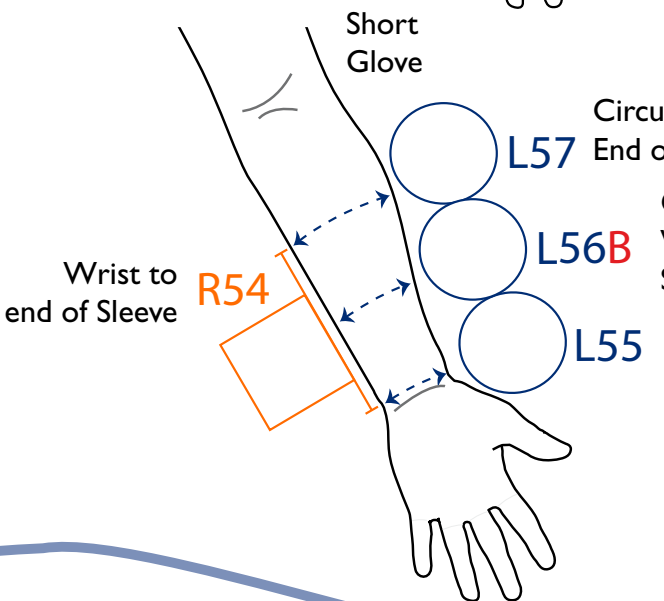
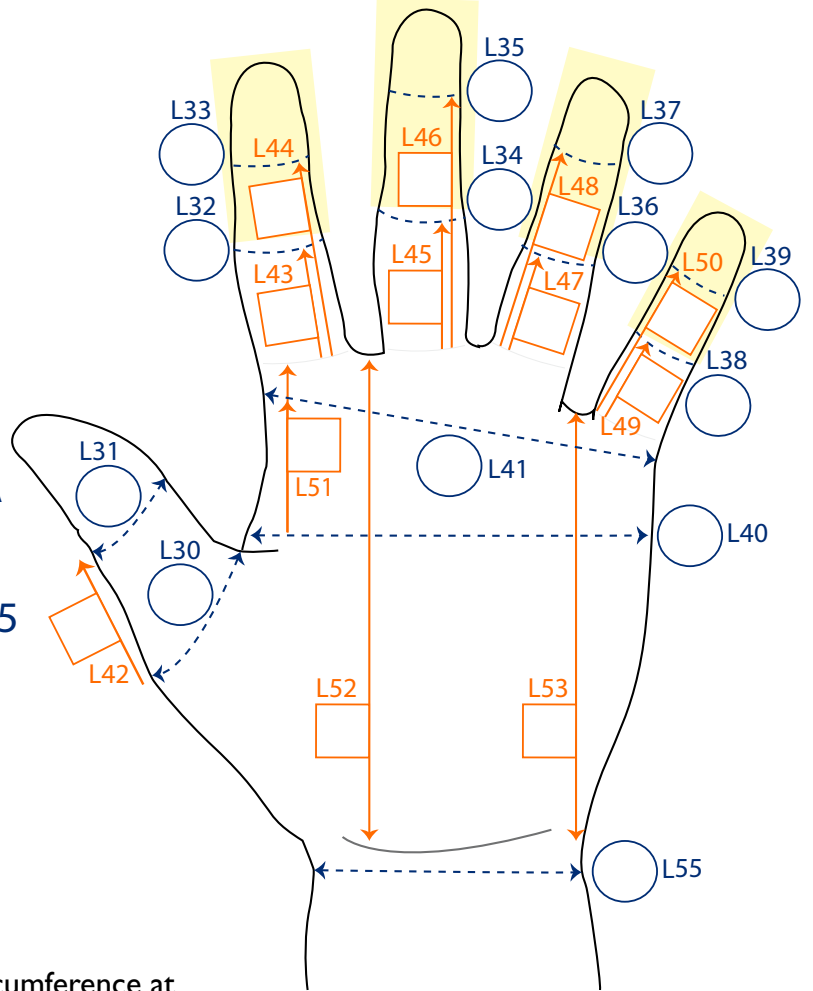
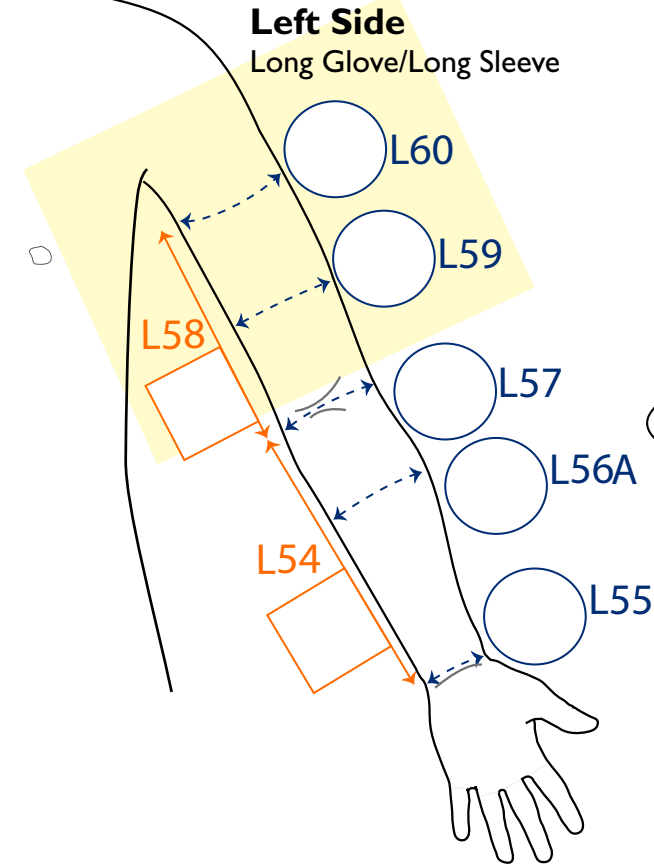
elements  
body



Patient ID \_\_\_\_\_ Date: \_\_\_\_\_

Orange & square = length

Blue & circle = circumference

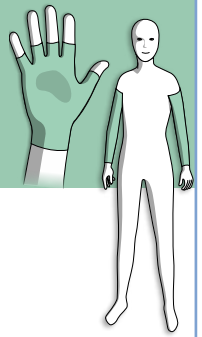


Reinforcements	
<input type="checkbox"/>	DW
<input type="checkbox"/>	DW extended
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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

elements  
body



Patient ID \_\_\_\_\_

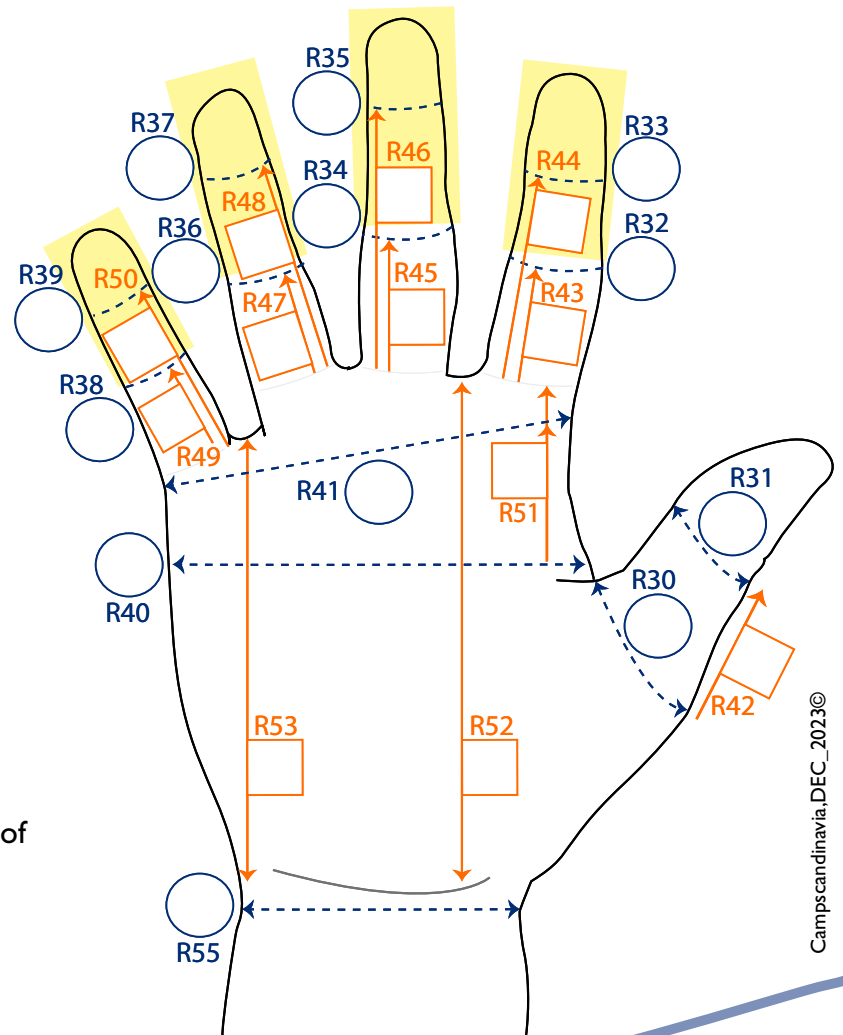
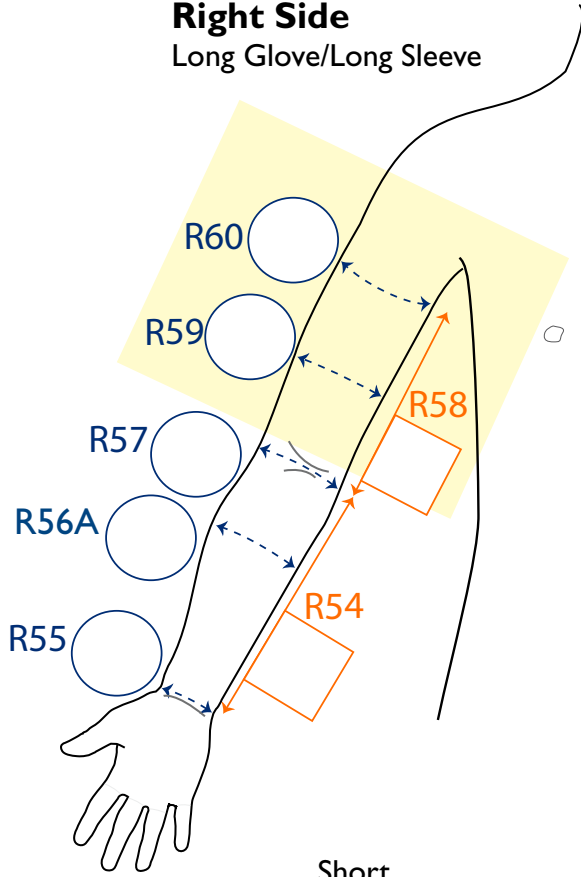
Date: \_\_\_\_\_

Orange & square = length

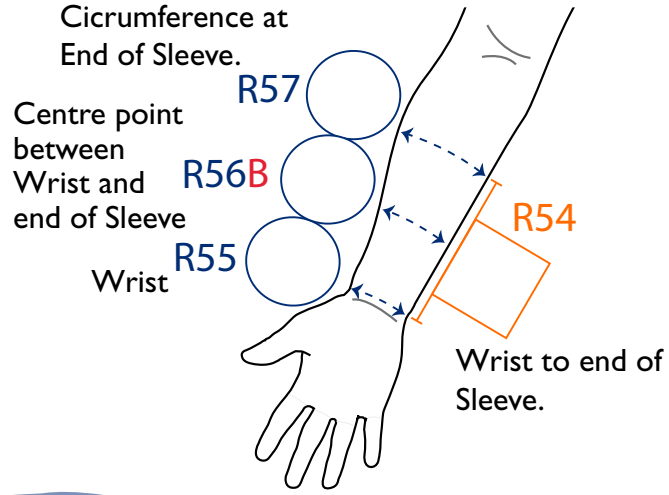
Blue & circle = circumference

## Right Side Long Glove/Long Sleeve

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



## Short Glove



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