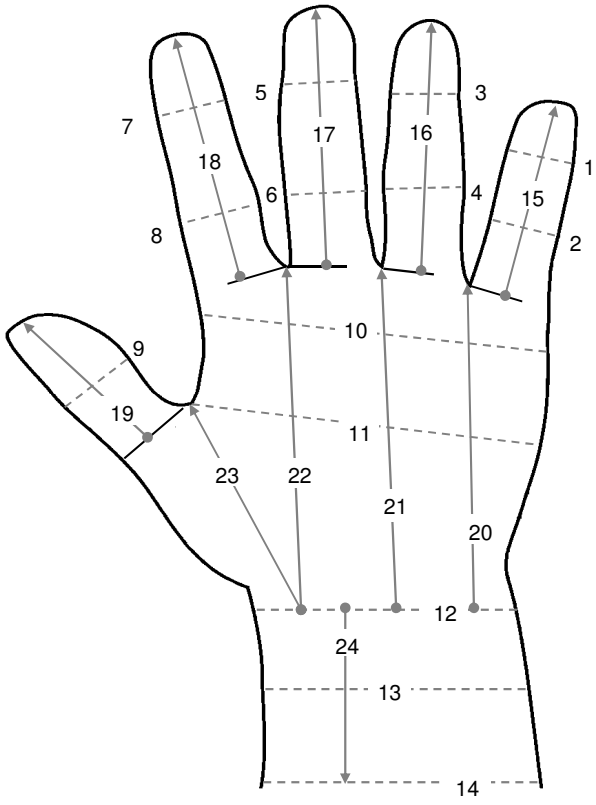
MEDICAL

**From:** _____
**Date:** _____/_____/_____
**Patient:**_____
**Date of Birth:** _____/_____/_____
**Sex:** *(Circle One)* Male☐ Female☐
**Organization File No**_____
**Medical Z File No.**_____
**Measured By** _____ / _____

Comments:_____

**Circumferences**

| | Right | Left |
|---|---|---|
| 1. Little Finger DIP | | |
| 2. Little Finger PIP | | |
| 3. Ring Finger DIP | | |
| 4. Ring Finger PIP | | |
| 5. Middle Finger DIP | | |
| 6. Middle Finger PIP | | |
| 7. Index Finger DIP | | |
| 8. Index Finger PIP | | |
| 9. Thumb | | |
| 10. MCPs | | |
| 11. Palm | | |
| 12. Wrist | | |
| 13. Between Wrist & End of Wrist Band | | |
| 14. End of Wrist Band *(< or = to 5.0cm)* | | |




**Lengths**

| Right | Left | |
|---|---|---|
| | | 15. Web to End of Little Finger |
| | | 16. Web to End of Ring Finger |
| | | 17. Web to End of Middle Finger |
| | | 18. Web to End of Index Finger |
| | | 19. Web to End of Thumb |
| | | 20. Wrist to Web Between Little & Ring |
| | | 21. Wrist to Web Between Ring and Middle |
| | | 22. Wrist to Web of Middle & Index |
| | | 23. Wrist to Web of Index & Thumb |
| | | 24. From Wrist to End of Wrist Band |

**Style**

| | Right | Left |
|---|---|---|
| Gauntlet | | |
| Glove, Open Tips | | |
| Glove, Closed Tips | | |

| | |
|---|---|
| | **Fresh Fabrics** |
| | **Coolmax** |
| | **Reg. Fabric** |

| Right | Left | **Color** |
|---|---|---|
| | | |

**Use the additional Options Glove Form**

*All measurements are in centimeters to the nearest 10th*