

LEFT FOOT OUTLINE

FOR USE WHEN ORDERING JOBST® OPEN OR CLOSED TOE GARMENTS

(For Right Foot, see other side)

Patient Name: _____

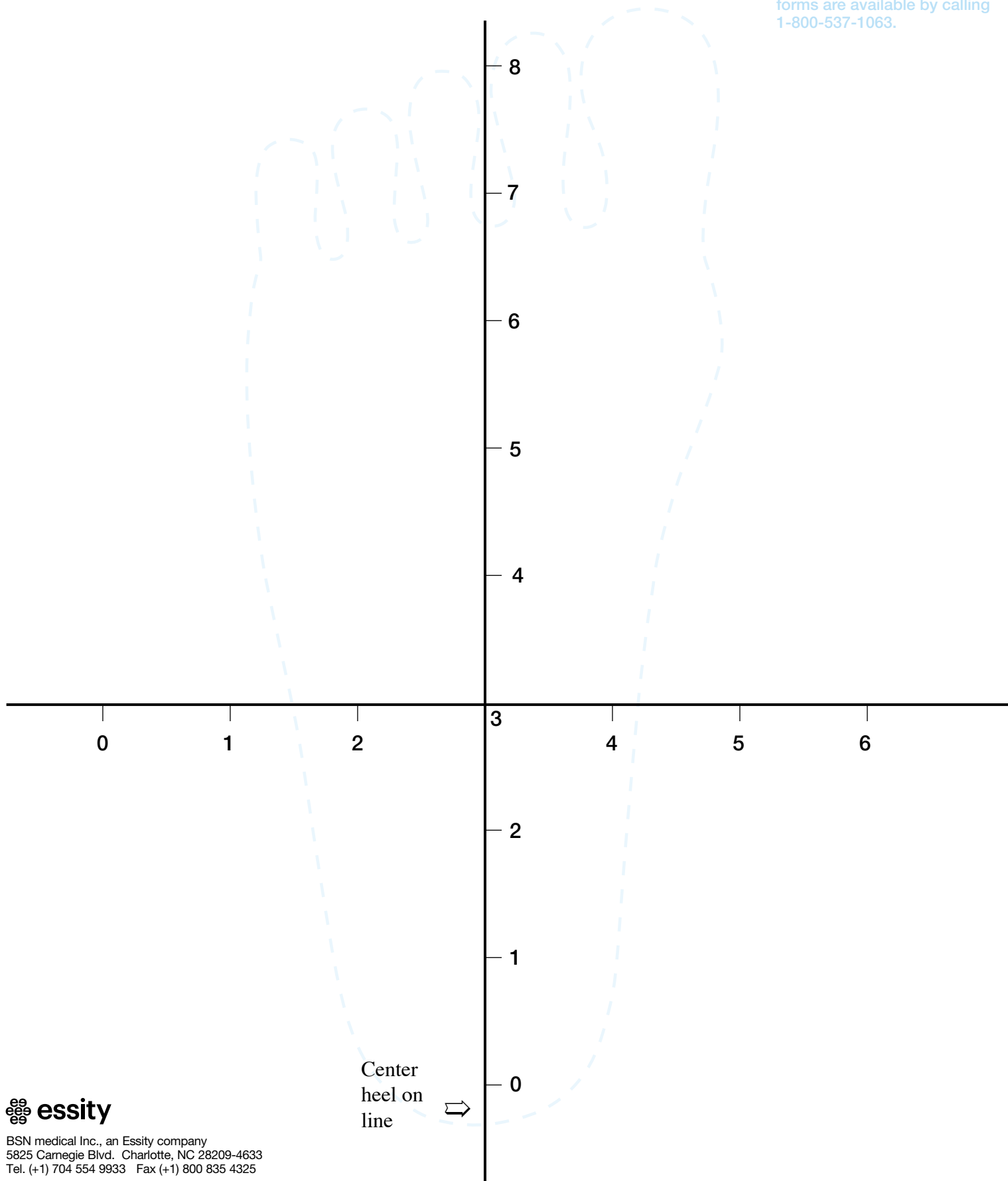
File#: _____

Acct. #: _____ Date: _____

Measured By: _____

INSTRUCTIONS:

- 1) Place heel on center line.
- 2) Use black pen.
- 3) Fax or mail outline with order.
- 4) Do not copy form. Additional forms are available by calling 1-800-537-1063.



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RIGHT FOOT OUTLINE

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INSTRUCTIONS:

- 1) Place heel on center line.
- 2) Use black pen.
- 3) Fax or mail outline with order.
- 4) Do not copy form. Additional forms are available by calling 1-800-537-1063.

Patient Name: _____

File#: _____

Acct. #: _____ Date: _____

Measured By: _____

