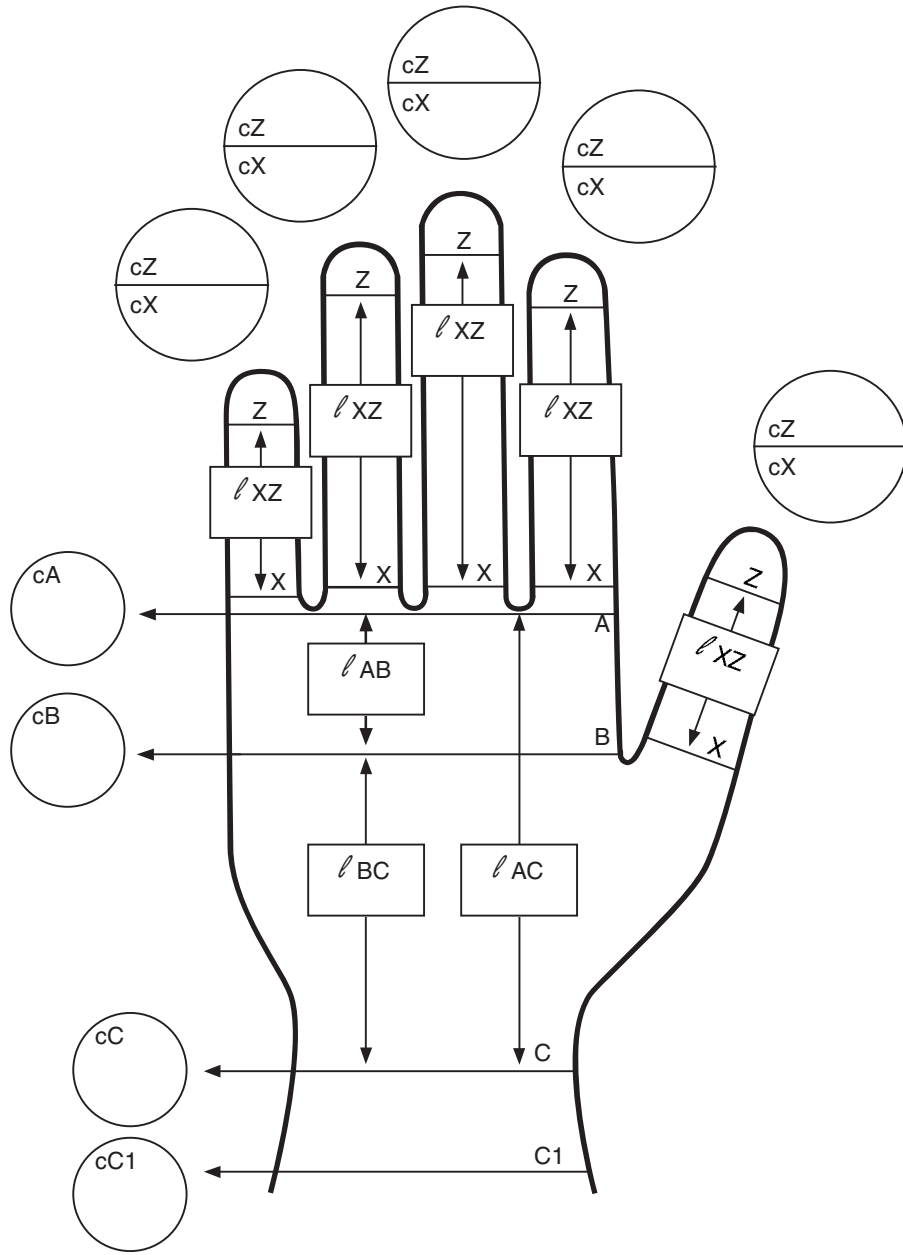


Order to CIZETA via fax +39 02 97240734

Date _____ Patient's name _____

Customer _____ Signature _____

Stamp



○ Circumferences
 □ Length

MEASUREMENTS POINT:

- point A: *base of fingers*
- point B: *origin of the thumb*
- point C: *wrist's palmar fold*
- point C1: *5cm above point C*
- point X: *origin of the finger*
- point Z: *nails's projection*

SEGMENTS	COMPRESSION	HAND	QUANTITY	COLOUR
<input type="checkbox"/> Metacarpus <input type="checkbox"/> With fingers	Ccl 2 3 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Pair _____ <input type="checkbox"/> Units _____	Beige

SPECIAL REQUEST

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