Distal options□ Open toe

☐Closed toe

cs@knitrite.com	800.821.3094
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THUASNE MADE-TO-MEASURI LOWER EXTREN GARMENT Patient Name: Gender: M F Patient's height: ORDER (by default) QUOTATION	Customer Account: Purchase Order #: Shipping Address: City: Email:	Ships To: Therapist Patient State: Zip Code:
cF cE	If possible, please enclose photos fitted. Please draw in the contours of the diagram and cross out unnecessity.	of the garment on
cB1 cB cCA cY1 AY1	ØB1 ↑	ey1 cy1 cA
Desired foot length: Inner (\$\ell A\$)	Special Instructions	Desired foot length: Inner (lA) Outer (lA1) INTERNAL USE ONLY Customer Code: 67855
Toam options All small blocks All big blocks Big blocks on the leg and small blocks on the fee Proximal options Anti-slip with silicone dots 3 cm Velcro opening (Maximum 1/3 of the height)	t (by default) Length in cm	THERAFIRM® THUASNE 800-821-3094 cs@knitrite.com wholesale.therafirm.com

Circumference in cm

2303 5P-TMST-MF