

Measuring Forms for Socks

Patient details

Surname:	
First name:	
Date of birth:	Age:
Diagnosis:	
Please indicate: Male Female	
Date:	
Hospital/Clinic:	

Purchasers details

Address :	
Post code:	
Consultant:	
Name:	
Measured by: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Orthotist	
Hospital order number:	
Contact phone number:	

Type of DRO required	Quantity
Sock up to 5cm above ankle	PCP08
Below knee sock	PCP09
Measuring session fee	PCP20

Ankle seam angle:
<input type="checkbox"/> 45° (standard)
<input type="checkbox"/> 90°

Delivery address if different from purchasers:
Post code:

Other Information
Fabric colour <input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Navy Blue <input type="checkbox"/> Black
Reinforcement <input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Pastel Blue <input type="checkbox"/> Black
Silicone edging: Yes <input type="checkbox"/> No <input type="checkbox"/>
Thread colour <input type="checkbox"/> Beige <input type="checkbox"/> White <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Pastel Blue <input type="checkbox"/> Mint Green <input type="checkbox"/> Bright Pink <input type="checkbox"/> Red <input type="checkbox"/> Purple <input type="checkbox"/> Denim Blue <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Orange
Zips Leg: <input type="checkbox"/> Back <input type="checkbox"/> Front <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Open
Motif number: Position:
First DRO: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tick here if reinforcements are required <input type="checkbox"/>
See page 3. Enter reinforcement codes:

Date of assessment:

Closed toes

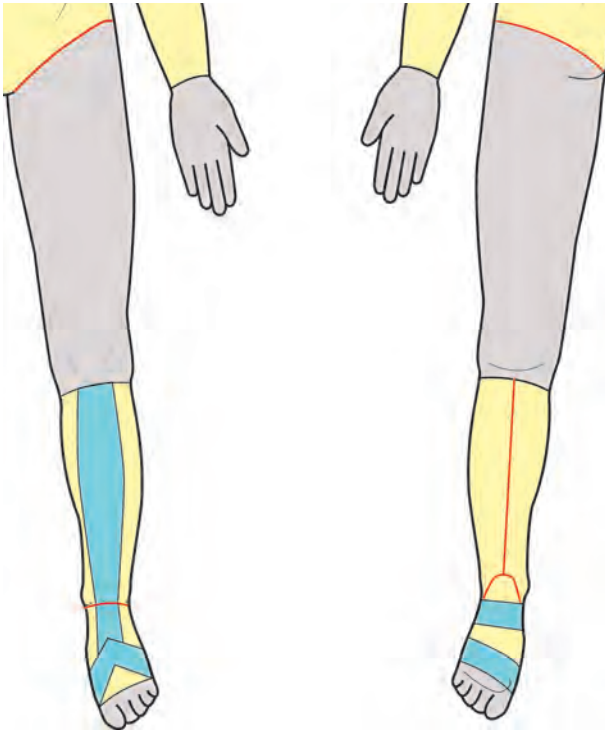


For office use only

Reinforcement Codes

Anterior view

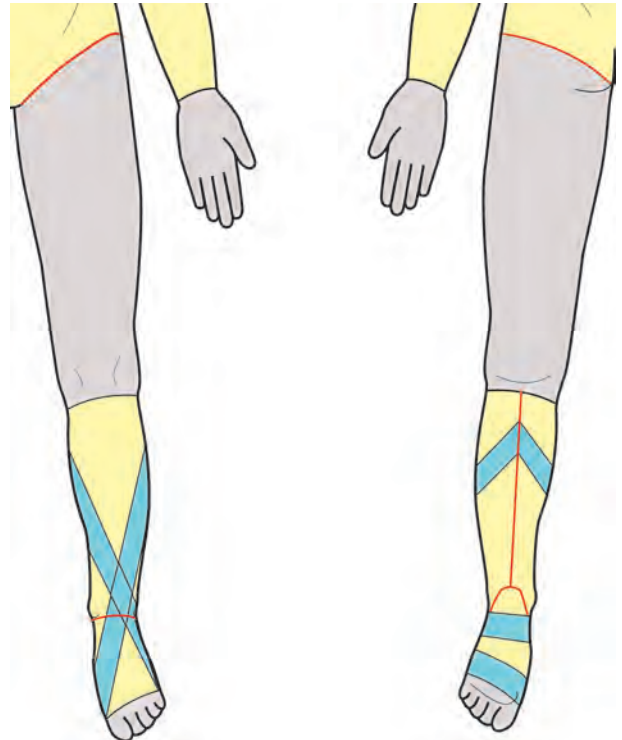
Plantar view



Lower Leg Central Panel Code: LL1

Anterior view

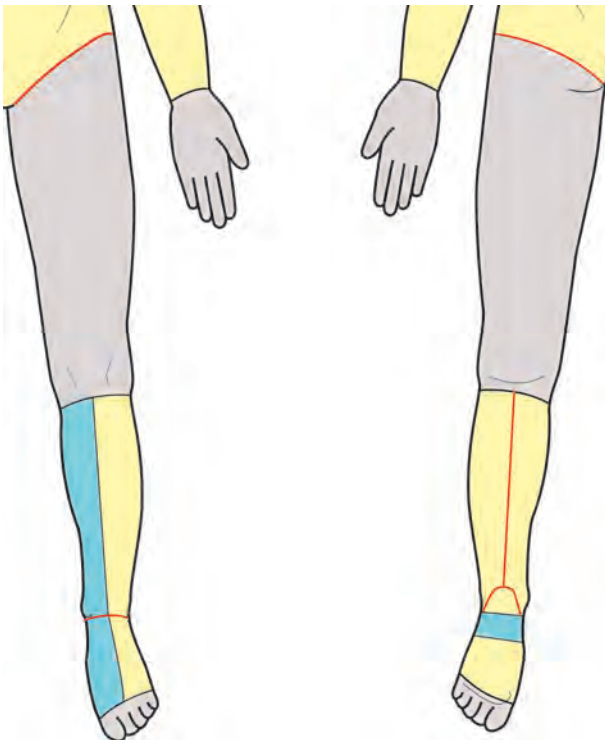
Posterior and
Plantar view



Lower Leg Cross Panel Code: LL2

Anterior view

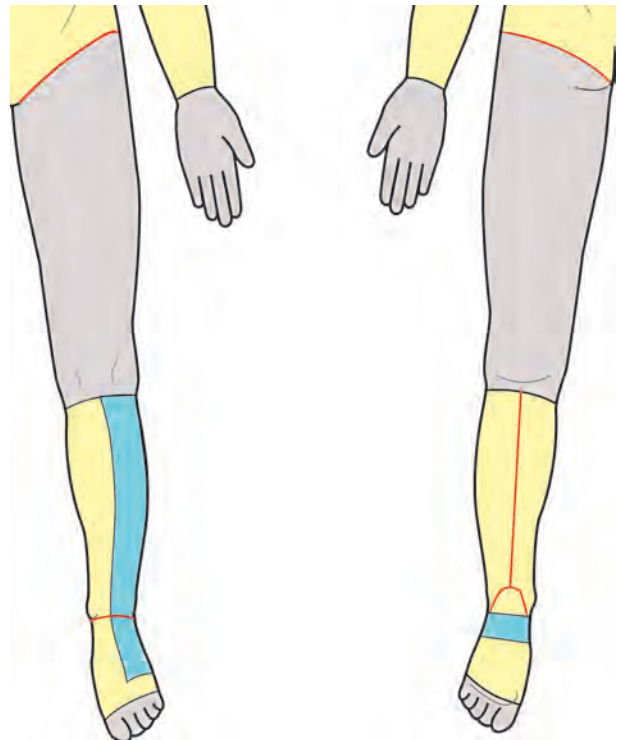
Plantar view



Lower Leg Medial Panel Code: LL3

Anterior view

Plantar view



Lower Leg Lateral Panel Code: LL4

Patient Name:

Date of assessment:

Please write or draw any additional information that will be useful for garment design: