

Measurement sheet for the fabrication of orthopedic gloves



Name: _____

Street: _____

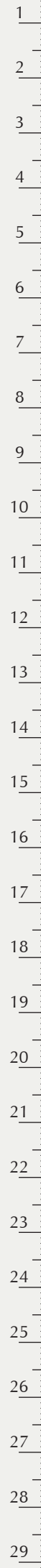
Post code/town: _____

Telephone: _____

Email: _____



Please place the right hand on the sheet and trace with a pen.



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Name: _____

Street: _____

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Please place the left hand on the sheet and trace with a pen.

