

39325 Sock Measurement Form

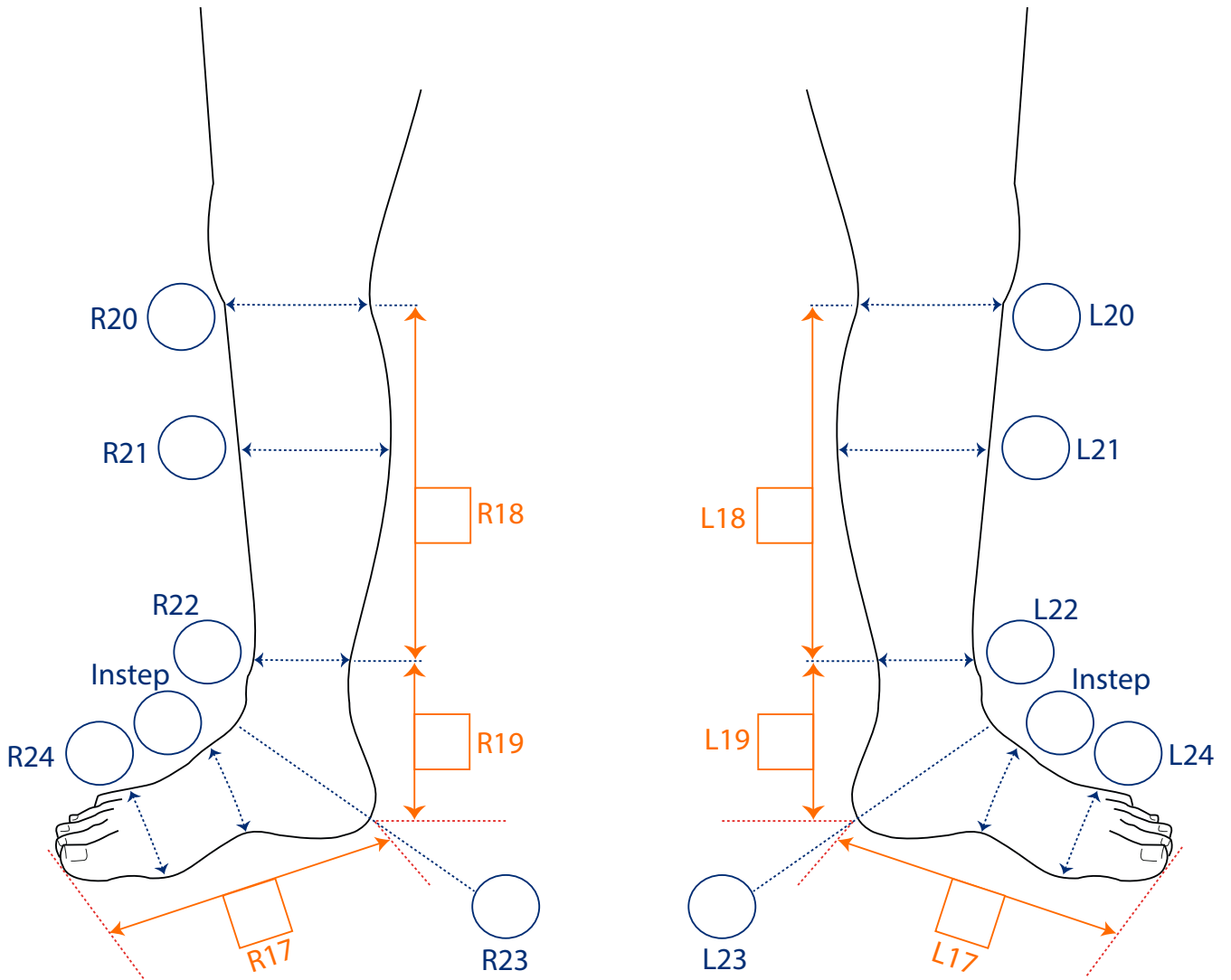
elements
body



Patient ID: _____ Date: _____

Orange & square = Length

Blue & circle = circumference



Reinforcements
SP <input type="checkbox"/>

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