FORM
V1

India's leading orthotics
VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION STOCKINGS ORDER FORM

CODE : | | | | | | | |

ORDER BY

FOR OFFICE

TIME : .....

DATE : .....

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

YOUR DESIGN OPTIONS	LEFT (QTY)	RIGHT (QTY)
#901 - BELOW CALF STOCKINGS		
#902 - BELOW KNEE STOCKINGS		
#903 - MID THIGH STOCKINGS		
#904 - FULL LEG STOCKINGS		

ADDITIONAL ATTACHMENTS

1. THIGH BELT ☐ 2. THIGH VELCRO ☐ 3. SILICONE GRIPPER ☐

4. WAIST BELT REGULAR ☐ 5. WAIST BELT COTTON COVERED ☐ 6. ZIP/VELCRO ATTACH ☐

ADDITIONAL INFORMATION : .....

.....

#901

#902

#903

#904

PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

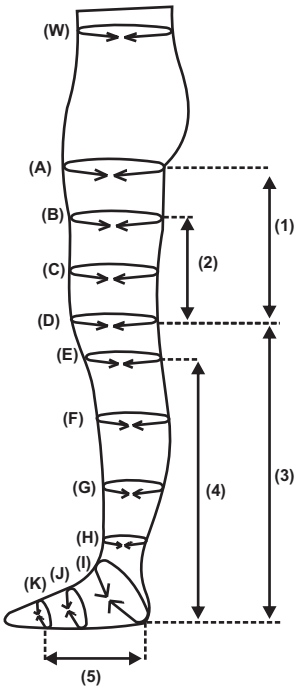
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V1

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



WAIST CIRCUMFERENCE

REQUIRED MEASUREMENTS	#901		#902		#903		#904	
	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT
(A) GLUTEAL FOLD								
(B) CENTRE OF THIGH								
(C) BELOW THIGH								
(D) AT KNEE								
(E) BELOW KNEE								
(F) CENTRE OF CALF								
(G) BELOW CALF								
(H) MINIMUM ANKLE								
(I) CENTER ON HEEL								
(J) MIDDLE OF FOOT								
(K) BASE OF TOE								

LENGTH

1	A TO D								
2	B TO D (Maximum length 22 cm)								
3	D TO I								
4	E TO I								
5	I TO K								

VESSELOR CARE

Regd. Address : Shop No.11, Basement, Rao Market, 12/1, Main Road, Sector-37, Faridabad - 121 003
Helpline Nos : +91 9871644614, +91 7982362554 | E-mail : vesselor@gmail.com | Website : www.vesselor.in

FORM
V2

India's leading orthotics
VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION ARM SLEEVES ORDER FORM

CODE : | | | | | | | |

FOR OFFICE

TIME : .....

DATE : .....

ORDER BY

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

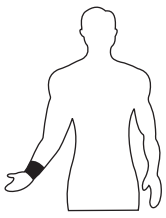
YOUR DESIGN OPTIONS	LEFT (QTY)	RIGHT (QTY)		LEFT (QTY)	RIGHT (QTY)
#905 - WRIST BAND	☐	☐	#909 - GAUNTLET WITH FOREARM	☐	☐
#906 - FOREARM	☐	☐	#910 - GAUNTLET WITH FULL ARM SLEEVE	☐	☐
#907 - FULL ARM SLEEVE	☐	☐	#911 - GAUNTLET WITH FULL ARM WITH SHOULDER STRAP	☐	☐
#908 - FULL ARM WITH SHOULDER STRAP	☐	☐	#912 - UPPER ARM WITH SHOULDER STRAP	☐	☐

ADDITIONAL ATTACHMENTS

1. ZIP ATTACH ☐ 2. VELCRO ATTACH ☐ 3. HOOK ATTACH ☐

ADDITIONAL INFORMATION : .....

.....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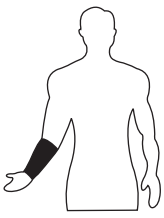
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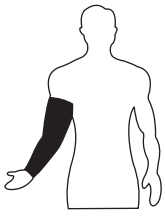
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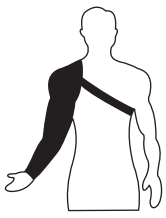
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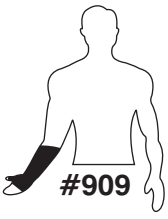
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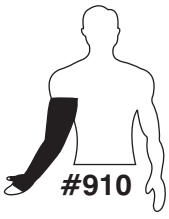
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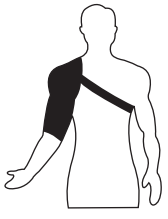
#911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PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

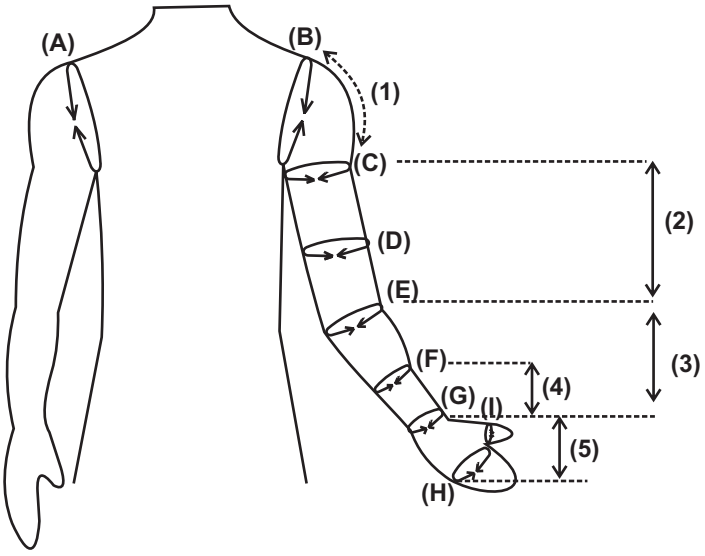
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V2

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



REQUIRED MEASUREMENTS	#905	#906	#907	#908	#909	#910	#911	#912
(A) ARM HOLE RIGHT	■	■	■		■	■		
(B) ARM HOLE LEFT	■	■	■		■	■		
(C) EXILA	■	■			■			
(D) MID UPPER ARM	■	■			■			
(E) AT ELBOW	■							
(F) MID FOREARM								■
(G) WRIST CREASE								■
(H) PALMER CREASE	■	■	■	■				■
(I) BASE OF THUMB	■	■	■	■				■

LENGTH

1	A & B TO C	■	■	■		■	■		
2	C TO E	■	■			■			
3	E TO G	■							■
4	F TO G		■	■	■	■	■	■	■
5	G TO H	■	■	■	■				■

VESSELOR CARE

Regd. Address : Shop No.11, Basement, Rao Market, 12/1, Main Road, Sector-37, Faridabad - 121 003
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FORM
V6

India's leading orthotics
VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE STUMP SUPPORT ORDER FORM

CODE : | | | | | | | |

ORDER BY

FOR OFFICE

TIME : .....

DATE : .....

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

YOUR DESIGN OPTIONS	LEFT (QTY)	RIGHT (QTY)		LEFT (QTY)	RIGHT (QTY)
#929 - ONE BELOW KNEE STUMPSUPPORT	☐	☐	#932 - ONE ABOVE KNEE STUMP SUPPORT WITH WAIST	☐	☐
#930 - ONE BELOW KNEE STUMP SUPPORT WITH WAIST	☐	☐	#933 - BOTH BELOW KNEE STUMP SUPPORT WITH WAIST	☐	☐
#931 - ONE ABOVE KNEE STUMP SUPPORT	☐	☐			

ADDITIONAL ATTACHMENTS

1. THIGH BELT ☐ 2. THIGH VELCRO ☐ 3. SILICONE GRIPPER ☐

4. WAIST BELT REGULAR ☐ 5. WAIST BELT COTTON COVERED ☐ 6. ZIP/VELCRO ATTACH ☐

ADDITIONAL INFORMATION : .....

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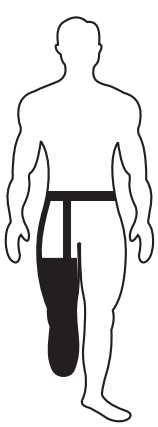

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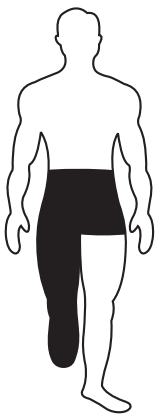

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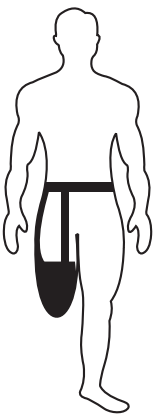

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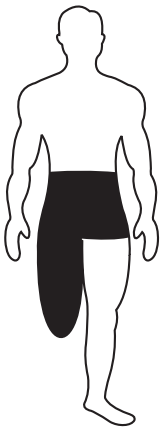
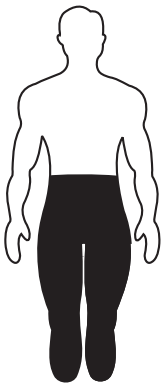


#932



#933

PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

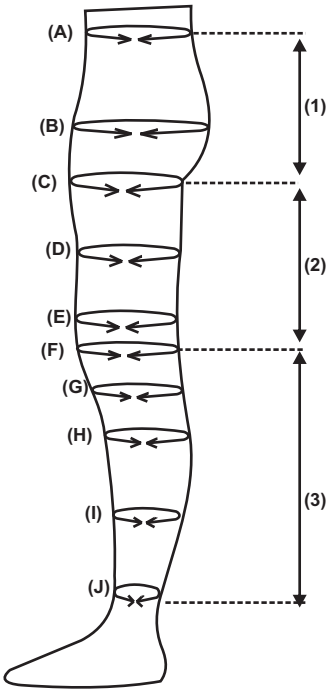
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V6

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



REQUIRED MEASUREMENTS	#929	#930	#931	#932	#933
(A) WAIST CIRCUMFERENCE					
(B) HIP CIRCUMFERENCE					
(C) GLUTEAL FOLD					
(D) CENTRE OF THIGH					
(E) BELOW THIGH					
(F) AT KNEE					
(G) BELOW KNEE					
(H) CENTRE OF CALF					
(I) BELOW CALF					
(J) MINIMUM ANKLE					

LENGTH

1	A TO C					
2	C TO F					
3	F TO J (OR END)					

VESSELOR CARE

Regd. Address : Shop No.11, Basement, Rao Market, 12/1, Main Road, Sector-37, Faridabad - 121 003
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FORM

V3

India's leading orthotics

VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION GARMENTS ORDER FORM

CODE : | | | | | | | |

FOR OFFICE

TIME : .....

DATE : .....

ORDER BY

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

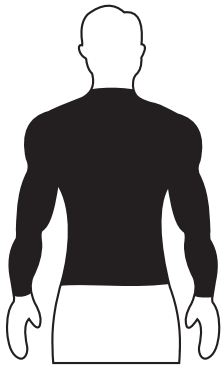
YOUR DESIGN OPTIONS	QTY.		QTY.
#913 - VEST WITH BOTH FULL ARM	☐	#916 - FULL VEST	☐
#914 - VEST WITH BOTH FULL ARM WITH GAUNTLET	☐	917 M - SHORT VEST (MALE)	☐
#915 - VEST WITH BOTH SHORT ARM	☐	917 F - SHORT VEST (FEMALE)	☐

ADDITIONAL ATTACHMENTS

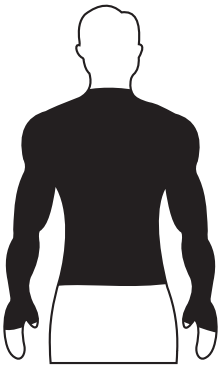
1. ZIP ATTACH ☐ 2. VELCRO ATTACH ☐ 3. HOOK ATTACH ☐

ADDITIONAL INFORMATION : .....

.....



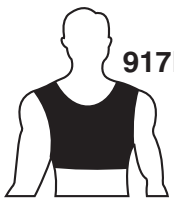
#913



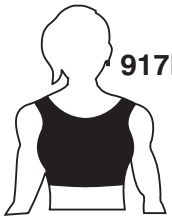
#914

#915

#916



917M



917F

PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

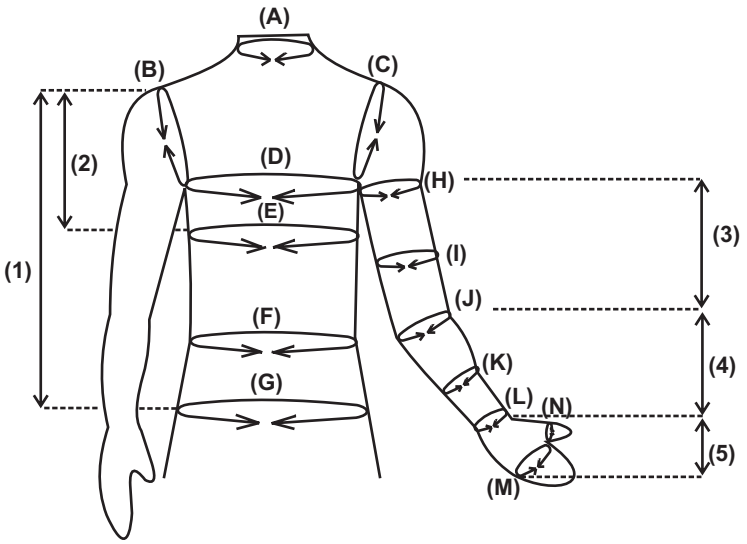
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V3

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



OPTIONS FOR DESIGN

1. V-NECK ☐	2. ROUND NECK ☐	3. COLLAR ATTACHMENT ☐
4. FRONT OPEN ☐	5. BACK OPEN ☐	6. BOTH SIDE OPEN ☐

REQUIRED MEASUREMENTS	#913	#914	#915	#916	#917
(A) NECK CIRCUMFERENCE					
(B) ARM HOLE RIGHT					
(C) ARM HOLE LEFT					
(D) CHEST AT AXILLA					
(E) UNDER CHEST					
(F) WAIST CIRCUMFERENCE					
(G) BELOW WAIST					
(H) ARM AT AXILLA					
(I) MID UPPER ARM					
(J) AT ELBOW					
(K) MID FOREARM					
(L) WRIST CREASE					
(M) PALMER CREASE					
(N) BASE OF THUMB					

LENGTH

1	C TO G					
2	C TO E					
3	H TO J					
4	J TO L					
5	L TO M					

CUP SIZE : S ☐ M ☐ L ☐ (FOR FEMALE PATIENTS)

VESSELOR CARE

Regd. Address : Shop No.11, Basement, Rao Market, 12/1, Main Road, Sector-37, Faridabad - 121 003
Helpline Nos : +91 9871644614, +91 7982362554 | E-mail : vesselor@gmail.com | Website : www.vesselor.in

FORM

V4

India's leading orthotics

VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION GARMENTS ORDER FORM

CODE : | | | | | | | |

FOR OFFICE

TIME : .....

DATE : .....

ORDER BY

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

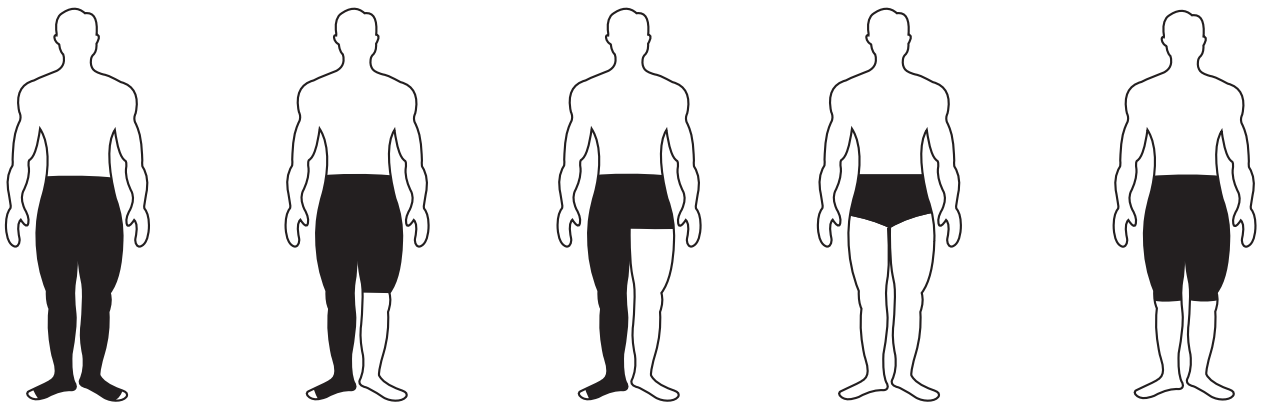
YOUR DESIGN OPTIONS	(QTY.)		(QTY.)
# 918 - BOTH FULL LEG WITH WAIST	☐	#920 - ONE FULL LEG WITH WAIST	☐
# 919 - ONE FULL LEG ONE HALF WITH WAIST	☐	#921 - PANTY	☐
		#922 - BOTH ABOVE KNEE WITH WAIST	☐

ADDITIONAL ATTACHMENTS

1. ZIP ATTACH ☐ 2. VELCRO ATTACH ☐ 3. HOOK ATTACH ☐ 4. PUBIS OPEN/CLOSE ☐

ADDITIONAL INFORMATION : .....

.....



#918 #919 #920 #921 #922

PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

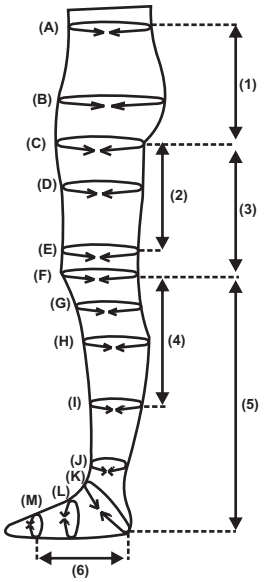
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V4

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



OPTIONS FOR DESIGN

1. OPEN PUBIS ☐ **2. CLOSE PUBIS** ☐ **3. LEFT OPEN** ☐
4. RIGHT OPEN ☐ **5. FRONT OPEN** ☐ **6. SHOULDAR STRAPS** ☐

REQUIRED MEASUREMENTS	#918	#919	#920	#921	#922
(A) WAIST CIRCUMFERENCE					
(B) HIP CIRCUMFERENCE					
(C) GLUTEAL FOLD					
(D) CENTRE OF THIGH					
(E) BELOW THIGH					
(F) AT KNEE					
(G) BELOW KNEE					
(H) CENTRE OF CALF					
(I) BELOW CALF					
(J) MINIMUM ANKLE					
(K) CENTRE ON HEEL					
(L) MIDDLE OF FOOT					
(M) BASE OF TOES					

LENGTH

1	A TO C					
2	C TO E					
3	C TO F					
4	F TO I					
5	F TO K					
6	K TO M					

VESSELOR CARE

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FORM
V5

India's leading orthotics
VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION GARMENTS ORDER FORM

CODE : | | | | | | | |

FOR OFFICE

TIME : .....

DATE : .....

ORDER BY

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

YOUR DESIGN OPTIONS	(QTY.)		(QTY.)
# 923 - BOTH BELOW KNEE WITH HIGH WAIST	☐	# 926 - BOTH FULL LEG WITH HIGH WAIST	☐
# 924 - BOTH ABOVE KNEE WITH HIGH WAIST	☐	# 927 - THIGH SUPPORT	☐
# 925 - BOTH BELOW KNEE WITH WAIST	☐	# 928 - THIGH SUPPORT WITH WAIST	☐

ADDITIONAL ATTACHMENTS

1. ZIP ATTACH ☐ 2. VELCRO ATTACH ☐ 3. HOOK ATTACH ☐ 4. PUBIS OPEN/CLOSE ☐

ADDITIONAL INFORMATION : .....

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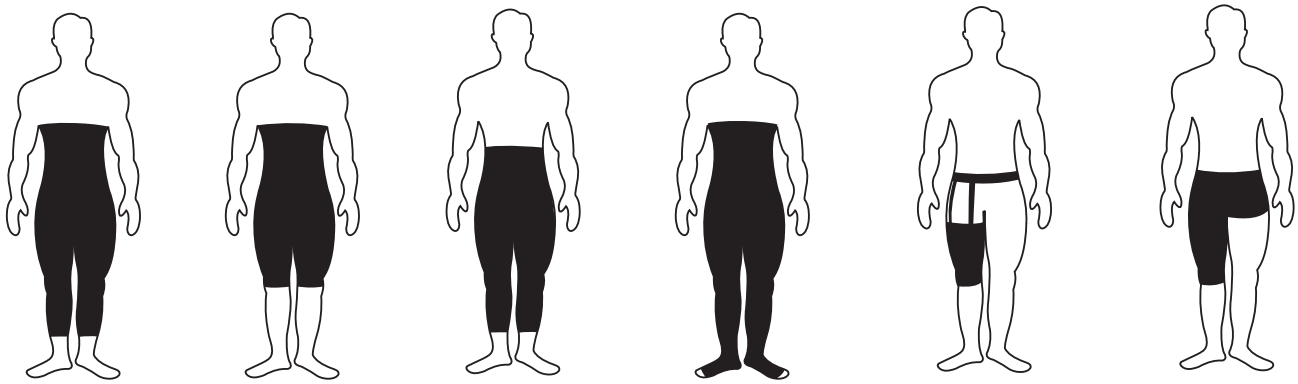


#923 #924 #925 #926 #927 #928

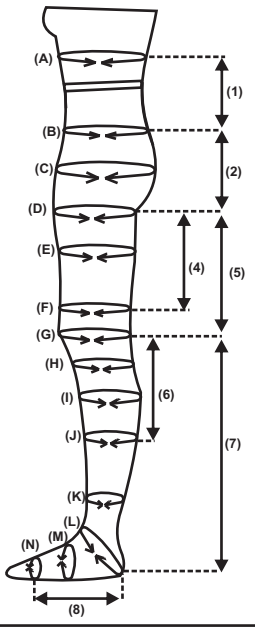
PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V5

India's leading orthotics
VESSELOR™
MEASUREMENT CHART



INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.

OPTIONS FOR DESIGN

1. OPEN PUBIS ☐ **2. CLOSE PUBIS** ☐ **3. LEFT OPEN** ☐

4. RIGHT OPEN ☐ **5. FRONT OPEN** ☐ **6. STRAPS FOR PANTY** ☐

REQUIRED MEASUREMENTS	#923	#924	#925	#926	#927	#928
(A) BELOW CHEST						
(B) WAIST CIRCUMFERENCE						
(C) HIP CIRCUMFERENCE						
(D) GLUTEAL FOLD						
(E) CENTRE OF THIGH						
(F) BELOW THIGH						
(G) AT KNEE						
(H) BELOW KNEE						
(I) CENTRE OF CALF						
(J) BELOW CALF						
(K) MINIMUM ANKLE						
(L) CENTRE OF HEEL						
(M) MIDDLE OF FOOT						
(N) BASE OF TOES						

LENGTH

1	A TO B						
2	B TO D						
3	D TO E						
4	D TO F						
5	D TO G						
6	G TO J						
7	G TO L						
8	L TO N						

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FORM

V7

India's leading orthotics

VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION GARMENTS ORDER FORM

CODE : | | | | | | | |

FOR OFFICE

TIME : .....

DATE : .....

ORDER BY

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

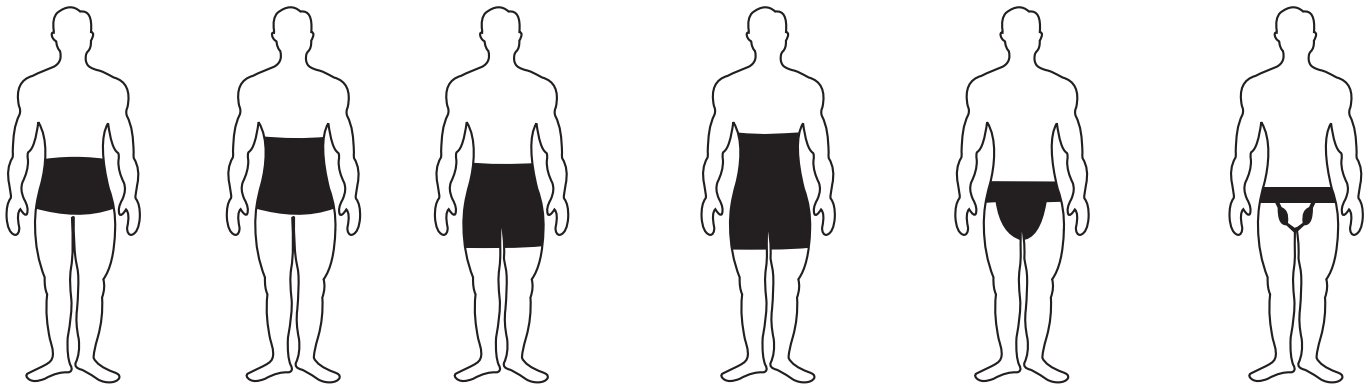
YOUR DESIGN OPTIONS	(QTY.)		(QTY.)
#934 - SIDE OPEN ABDOMINAL BINDER	☐	#937 - SHORT TYPE ABDOMINAL BINDER HIGH WAISTED	☐
#935 - SIDE OPEN ABDOMINAL BINDER EXTRA WIDE	☐	#938 - SCROTAL/HERNIA SUPPORT WIDE WAIST	☐
#936 - SHORTS TYPE ABDOMINAL BINDER	☐	#939 - INGUINAL HERNIA SUPPORT	☐

ADDITIONAL ATTACHMENTS

1. ZIP ATTACH ☐ 2. VELCRO ATTACH ☐ 3. HOOK ATTACH ☐ 4. PUBIS OPEN/CLOSE ☐

ADDITIONAL INFORMATION : .....

.....



#934 #935 #936 #937 #938 #939

PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

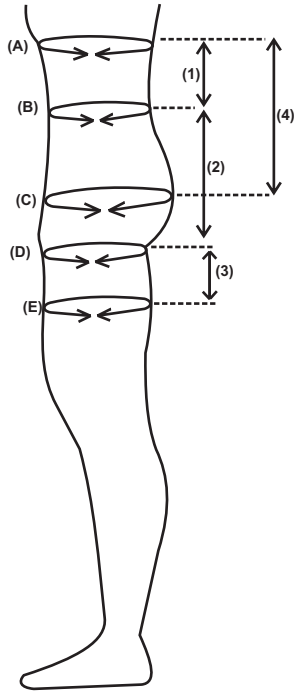
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V7

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



OPTIONS FOR DESIGN

1. OPEN PUBIS ☐ **2. CLOSE PUBIS** ☐ **3. LEFT OPEN** ☐
4. RIGHT OPEN ☐ **5. FRONT OPEN** ☐ **6. SHOULDER STRAP** ☐

REQUIRED MEASUREMENTS	#934	#935	#936	#937	#938	#939
(A) TOP OF GARMENT						
(B) WAIST ON NAVEL						
(C) MAXIMUM HIP						
(D) GLUTEAL FOLD						
(E) MIDDLE OF THIGH						

LENGTH
(IN CENTIMETER)

1	A TO B	STAND. WIDTH 25 CMS.				
2	B TO D					
3	D TO E (Maximum Length 15 CM					
4	A TO C					

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FORM
V8

India's leading orthotics
VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION FACE MASK ORDER FORM

CODE : | | | | | | | |

FOR OFFICE

TIME : .....

DATE : .....

ORDER BY

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

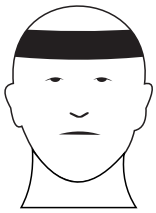
HOSPITAL/CLINIC ADDRESS .....

INDICATION (Mention The Disease) .....

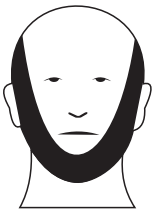
YOUR DESIGN OPTIONS	(QTY.)		(QTY.)
# 940 - HEAD SUPPORT	☐	# 943 - CHIN SUPPORT WITH COLOUR	☐
# 941 - CHIN SUPPORT	☐	# 944 - FACE MASK	☐
# 942 - PHANTOM MASK	☐		

ADDITIONAL INFORMATION : .....

.....

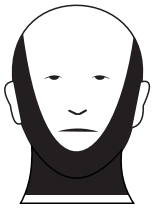


#940



#941

#942



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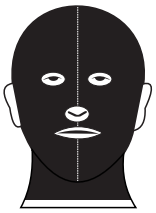


#944

PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

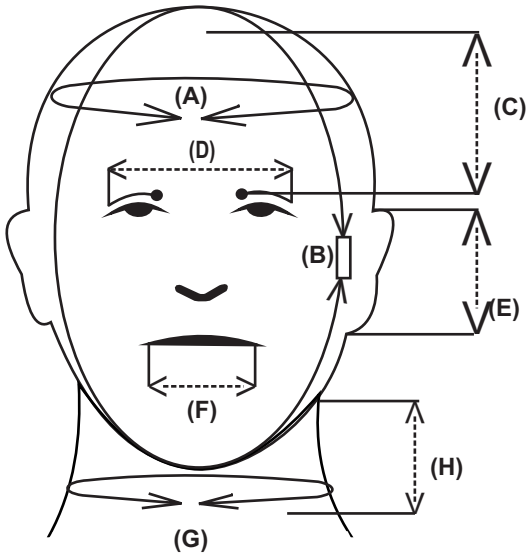
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V8

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



REQUIRED MEASUREMENTS	#940	#941	#942	#943	#944
(A) HEAD CIRCUMFERENCE					
(B) CROSS CIRCUMFERENCE					
(C) FOREHEAD HEIGHT					
(D) EYES WIDTH					
(E) EARS HEIGHT					
(F) LIP WIDTH					
(G) NECK CIRCUMFERENCE					
(H) NECK HEIGHT					

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FORM
V9

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VESSELOR™

Pure Cotton With Four Way Stretch

CUSTOM MADE COMPRESSION GLOVES ORDER FORM

CODE : | | | | | | | |

FOR OFFICE

TIME : .....

DATE : .....

ORDER BY

NAME MS./MRS./MR. .....

ADDRESS : .....

.....

.....

PIN ..... PHONE .....

DOCTOR'S NAME .....

HOSPITAL/CLINIC ADDRESS .....

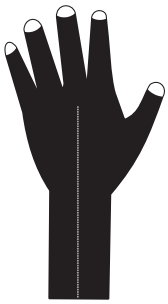
INDICATION (Mention The Disease) .....

YOUR DESIGN OPTIONS	LEFT (QTY.)	RIGHT (QTY.)		LEFT (QTY.)	RIGHT (QTY.)
#945 - GLOVE	☐	☐	#948 - SINGLE FINGER	☐	☐
#946 - EXTENDED GLOVE	☐	☐	#938 - WEB SPACER	☐	☐
#947 - GLOVE WITH HALF FINGER	☐	☐			

ADDITIONAL INFORMATION : .....

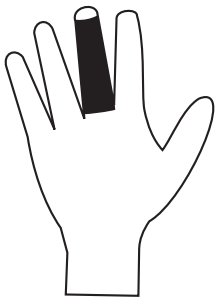
.....

#945



#946

#947



#948

#949

PROCESSING : URGENT ☐ NORMAL ☐ HOLD ☐

TOTAL : .....ADV. .....BAL.....REC.NO.....

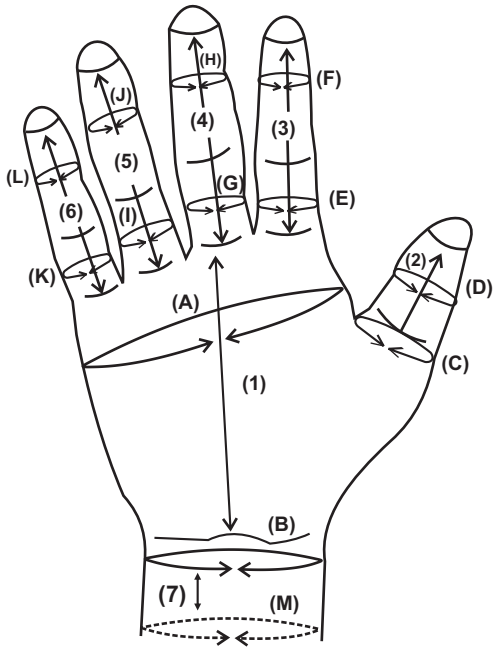
BANK DRAFT NO. .....DATE .....AMOUNT .....DRAWN ON BANK.....

FORM
V9

India's leading orthotics
VESSELOR™
MEASUREMENT CHART

INSTRUCTIONS

- ☞ Take all the measurements on bare skin
- ☞ Take all the measurements in CENTIMETERS
- ☞ Use Ordinary Measuring Tape
- ☞ For Length Measurements Keep The Limbs Straight
- ☞ Block Boxes measurements is not required.



DESIGN OPTION	
1. ZIPPER ON PALMER SIDE	☐
2. ZIPPER ON DORSAM SIDE	☐

CIRCUMFERENCE

	LT	RT	
(A) PALMER CREASE			cms.
(B) WRIST CREASE			cms.
(C) BASE OF THUMB			cms.
(D) D.I.P. THUMB			cms.
(E) BASE OF I. FINGER			cms.
(F) D.I.P. INDEX FINGER			cms.
(G) BASE OF M. FINGER			cms.
(H) D.I.P. MIDDLE FINGER			cms.
(I) BASE OF R. FINGER			cms.
(J) D.I.P. RING FINGER			cms.
(K) BASE OF L FINGER			cms.
(L) D.I.P. LITTLE FINGER			cms.
(M) ABOVE WRIST CIRCUMFERENCE			cms.

LENGTH

	LT	RT	
(1) PALM LENGTH			cms.
(2) THUMB LENGTH			cms.
(3) I. FINGER LENGTH			cms.
(4) M. FINGER LENGTH			cms.
(5) R. FINGER LENGTH			cms.
(6) L. FINGER LENGTH			cms.
(7) L. WRIST LENGTH			cms.

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