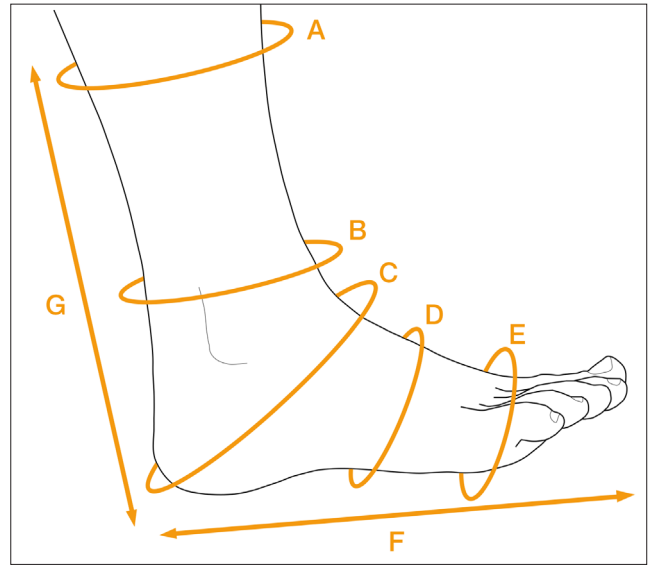


# MADE TO MEASURE FORM Custom Ankle

NB: To meet Medical Device Regulations It is the responsibility of the suitably qualified Health Practitioner to provide full specification/design criteria for a Custom Made Medical Device.

## Measurements

- A Lower calf circumference(mm)
- B Ankle circumference (mm)
- C Around heel circumference (mm)
- D Instep circumference (mm)
- E Around toes circumference (mm)
- F Heel to toe length (mm)
- G Heel to calf length (mm)



## Product Information

Product Based on

Colour Black  Beige

Side Left  Right

Straps Yes  No  if yes how many

Heel Cut Out Left  Right

## Additional Instructions

## Order Information

Order number

What condition/s is the brace for

Patient Name

Hospital

Department

Email

Please complete this form and send it along with your purchase order to our customer service team at: [info@beagleortho.com](mailto:info@beagleortho.com)