**FLIGHT SOCKS REQUEST**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Circumference (cm)** | **Ankle (cm)**  |  | **Calf (cm)** |  | **Measured by** | **Nurse** [ ]  **Dr** [ ] **Client**[ ]  |
| ***For office use only*** |
| **Patient ID No** |  | **Today’s date** |  |
| **Sock size issued** | **B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐** |
| **Size requested/issued confirmed with client** | **Yes** [ ]  **No** [ ]  | **Confirmed by** |  |

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