**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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| **Sock size issued** | **B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐** | | | | | | | |
| **Size requested/issued confirmed with client** | **Yes  No** | | **Confirmed by** | | |  | | |

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