



CUSTOM MADE BURN GARMENTS - ADDITIONAL OPTIONS

NAME OF THE PATIENT:

DATE:

FILE #:

DOB:

GLOVE

Zipper Yes No if yes indicate Length Right: ____ cm Left: ____ cm

(Min length is 3 cm)

Left Dorsal Palmar Radial Ulnar

Right Dorsal Palmar Radial Ulnar

Proximal End Serge Stitch Elastic Bias Tape

Standard Web Design Yes No

Slanted Web Space Yes No - Not available for infant

Slanted Web Space w/ Pockets Yes No - Not available for infant

Finger Tips with Seams Yes No

Web Lining Yes No

Padding Yes No if yes indicate where on chart
Length: ____ cm Height: ____ cm

Medical Z Grip Yes No

SLEEVE

Zipper Yes No if yes indicate Length Right: ____ cm Left: ____ cm

(Min length is 3 cm)

Left Dorsal Palmar Radial Ulnar

Right Dorsal Palmar Radial Ulnar

Proximal End Elastic Anti Slip Bias Tape Serge Stitch

Distal End Elastic Anti Slip Bias Tape Serge Stitch

Padding Yes No if yes indicate where on chart Length: ____ Height: ____cm

Lining Yes No if yes indicate where on chart Length: ____ Height: ____cm