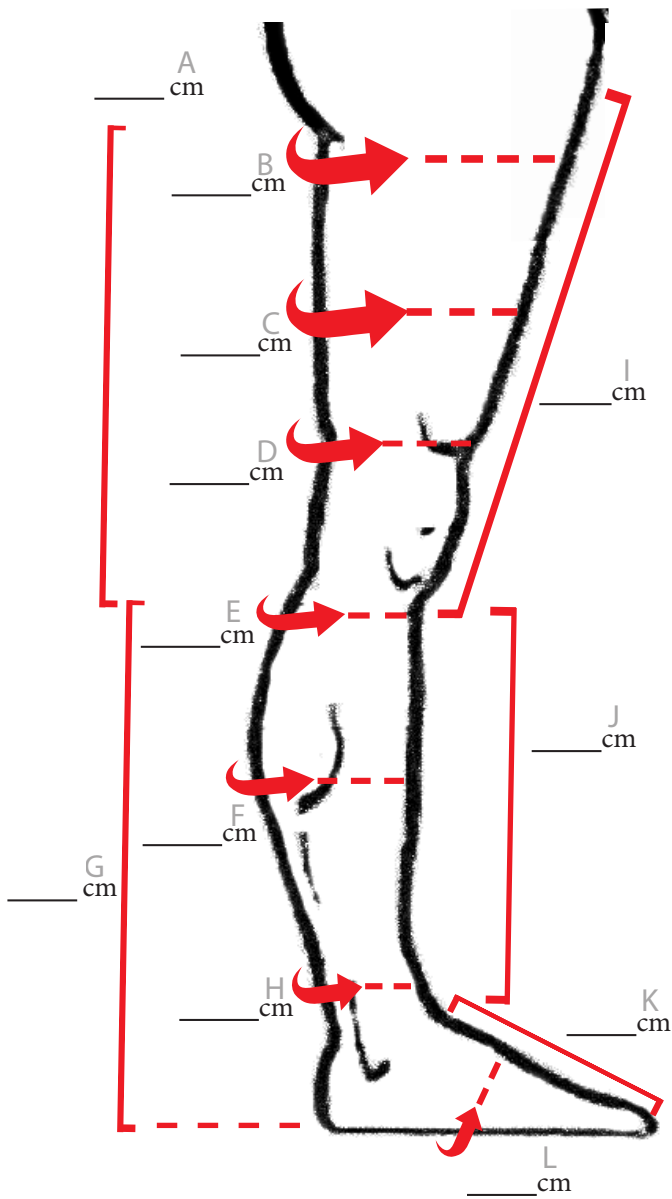


EZ MEDICAL WRAPS: FULL-LEG

Measure your patient's leg(s) and fill in the correlating measurements into this chart. Once you have completely filled out the relevant areas, send your measurements to EZ Medical Wraps at nv@ezmedicalwraps.com. *Patent pending.*

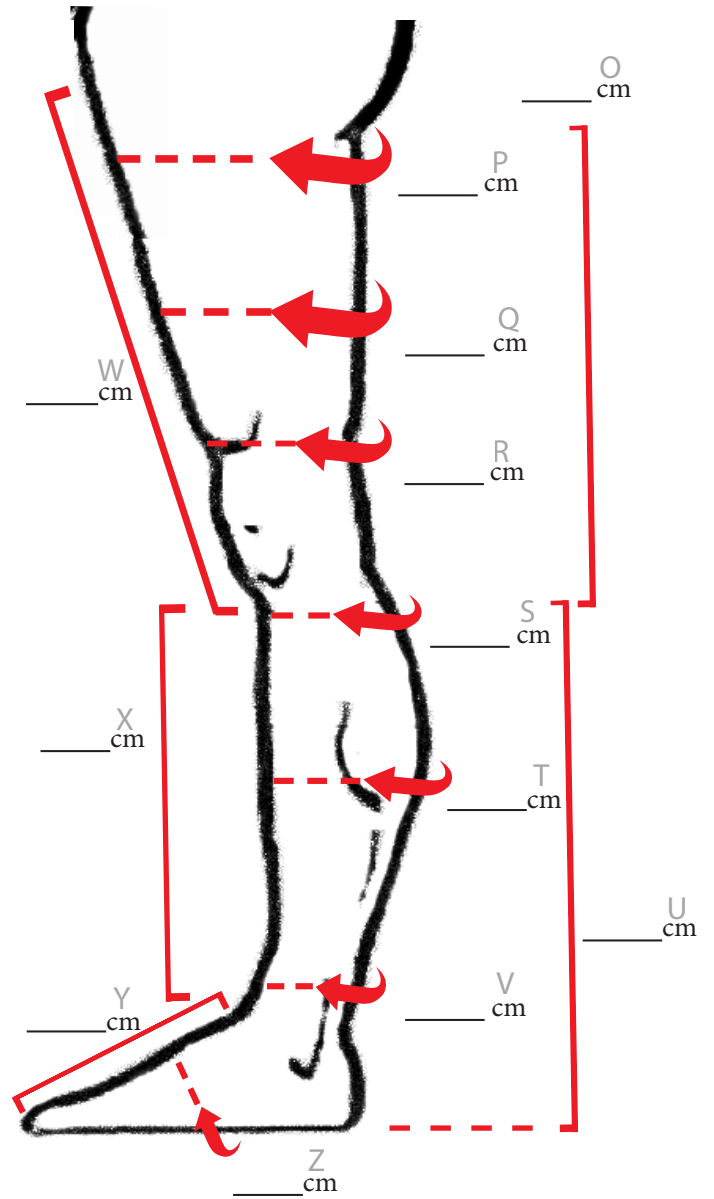
Patient Name _____ Date _____

Right Leg



Measure all the way around the arch of the foot after toes are wrapped (if needed)

Left Leg



Measure all the way around the arch of the foot after toes are wrapped (if needed)