

Referral Form

THIS IS A FILLABLE FORM. Please save this file and fill it out on your computer, then print and fax to 1-604-271-2606.

Date: _____

Client Information

Name: _____

Address: _____

City: _____

Province/State: _____ Code: _____

Phone: _____

Cell: _____

Email: _____

Claim No.: _____

Type of Work/Activity: _____

Describe Work/Activity Environment (i.e. temperature, condition):

Please indicate any special issues, amputations, or areas of sensitivity. Please specify: touch? or cold?: _____

Funder Information

Agency Name: _____

Agency Location: _____

Contact Name _____

Position: _____

Phone: _____

Fax: _____

Email: _____

Referred by:

Name: _____

Business Name: _____

City: _____

Province/State: _____ Code: _____

Phone: _____

Fax: _____

Email: _____

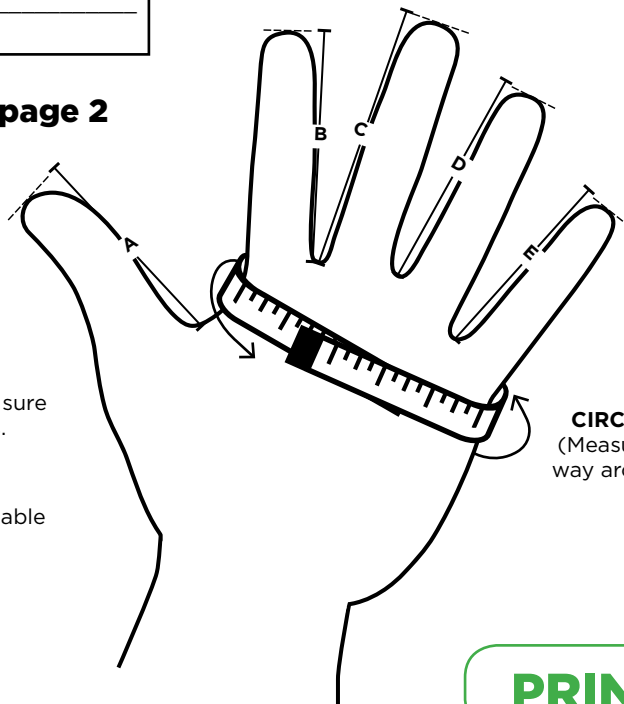
Please trace your hand outline on page 2 and fax to 1-604-271-2606

Call us toll-free at 1-877-470-1700 if you have any questions

INSTRUCTIONS:

Please use the next page, to trace your hand and be sure to get down into the web space between the fingers. Please use a bold pen so that it can be clearly faxed.

Please include all measurements for your hand. It is important that the measurements are accurate to enable the seamstress to achieve the best fit possible.



CIRCUMFERENCE
(Measure here all the way around the palm)

SAVE FORM

PRINT FORM

Name: _____

Claim No: _____

Please trace your hand outline below and fax both pages to 1-604-271-2606

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HAND MEASUREMENTS:

Circumference: _____

Middle Finger Measurement C: _____

Thumb Measurement A: _____

Ring Finger Measurement D: _____

Index Finger Measurement B: _____

Pinky Finger Measurement E: _____