

Patient _____

Age _____

♀ ♂

Orthopaedics / Distributor _____

Prescribing Doctor / Centre _____

Address _____

Town _____

Post code _____

Province _____

Telephone _____

e-mail _____

Stamp

- | | | | | |
|--|--|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> LC-503 | Sleeve with stay-up silicon strap _____ | <input type="checkbox"/> Beige | <input type="checkbox"/> Coffee | <input type="checkbox"/> Black |
| <input type="checkbox"/> LC-504 | Sleeve with shoulder and narrow supporting strap _____ | <input type="checkbox"/> Beige | <input type="checkbox"/> Coffee | <input type="checkbox"/> Black |
| <input type="checkbox"/> LC-505 | Sleeve with shoulder and wide supporting strap _____ | <input type="checkbox"/> Beige | <input type="checkbox"/> Coffee | <input type="checkbox"/> Black |
| <input type="checkbox"/> LC-506 | Sleeve with shoulder attached to bra strap _____ | <input type="checkbox"/> Beige | <input type="checkbox"/> Coffee | <input type="checkbox"/> Black |

Characteristics: In case of glove or gauntlet with sleeve, please mark your preference:

- ONE PIECE SEPARATE

Please, add to this Form, the corresponding form, for gauntlet, glove, or glove with long fingers:

- Gauntlets _____ **FORM 5**
- Gloves with short fingers _____ **FORM 6B**
- Gloves with long fingers _____ **FORM 6A**

Compression degree

- Class 1 = Low
- Class 2 = Medium
- Class 3 = High

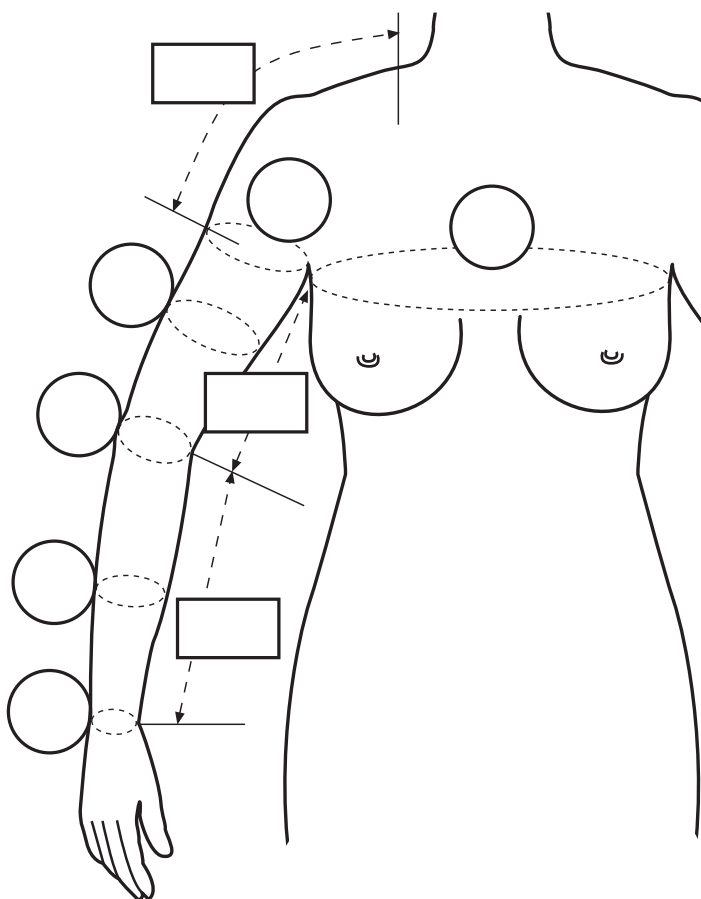
Arm:

- Right Left

QUANTITY: _____

Have you ordered, for this patient, the same or similar garment before?

- NO YES



RECOMMENDATIONS

Measurements should be taken first thing in the morning.
Measurements should be taken with a metric tape-measure taking care to complete them all.

Remarks

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Order

Lot

Date - -