

Patient

Age

♀  ♂

Orthopaedics / Distributor

Prescribing Doctor / Centre

Address

Town

Post code

Province

Telephone

e-mail

Stamp

- LC-508** Below-knee stocking
- LC-509** One-leg stocking with hip support
- LC-510** Full trousers
- LC-510-E** Full trousers of two separate stockings
- LC-513** Thigh-length stocking

—	<input type="checkbox"/> Beige	<input type="checkbox"/> Coffee	<input type="checkbox"/> Black	
—	<input type="checkbox"/> Beige	<input type="checkbox"/> Coffee	<input type="checkbox"/> Black	
—	<input type="checkbox"/> Beige	<input type="checkbox"/> Coffee	<input type="checkbox"/> Black	
—	<input type="checkbox"/> Beige	<input type="checkbox"/> Coffee	<input type="checkbox"/> Black	
—	<input type="checkbox"/> Beige	<input type="checkbox"/> Coffee	<input type="checkbox"/> Black	

Have you ordered, for this patient, the same or similar garment before?  NO  YES

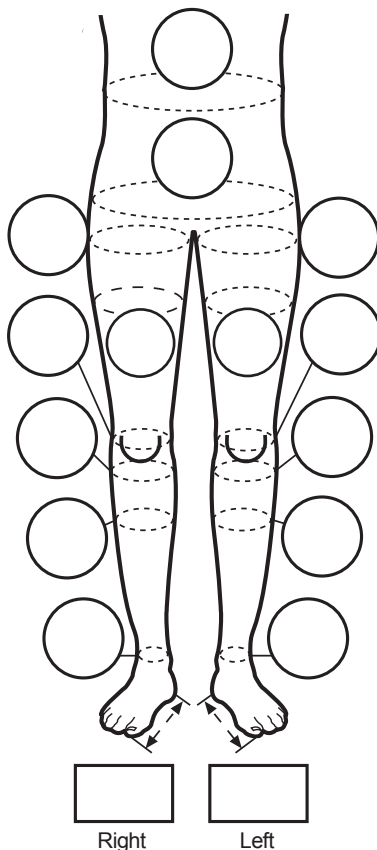
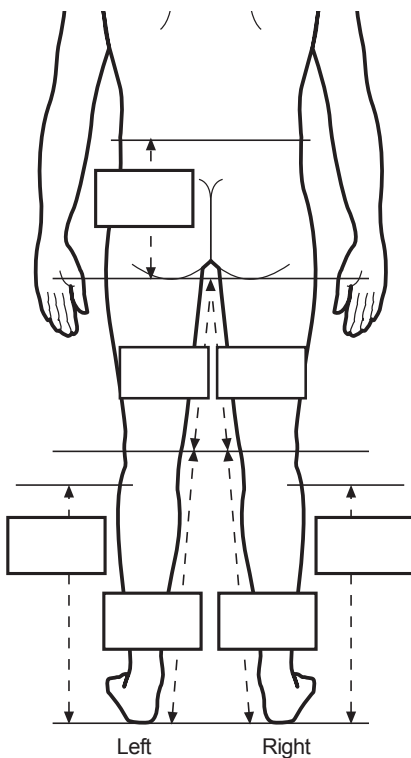
**Compression degree**

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

**Quantity** .....

**Crotch**  Open  Closed

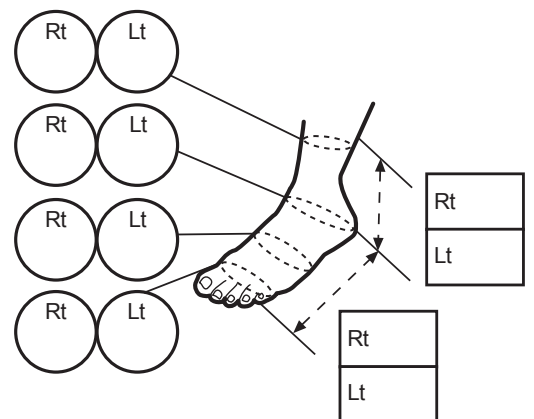
**Toe**  Right open  Left open  
 Right closed  Left closed



**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   -   -