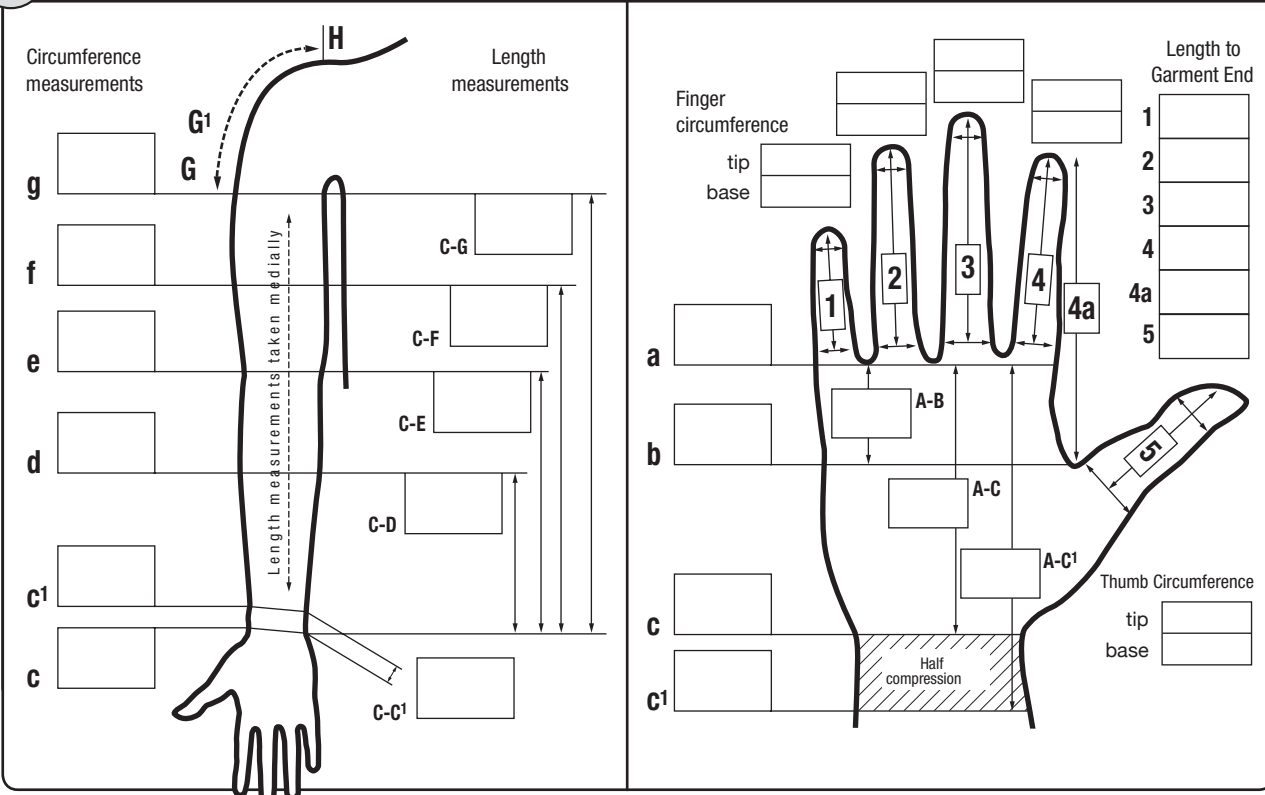


FAX: 01844 208843

Patient Name	Order No.	Pharmacy Delivery Address	
Date Measured	Repeat Garment No.		
Measured by	Telephone		
Clinic / Hospital	Email	PostCode	Tel

1 MEASUREMENTS



2 STYLE

	Armsleeve only (c - g)		Glove with thumb opening, without fingers
	Combined Armsleeve with Glove (a - g), with thumb opening, without fingers		Glove with thumb appendage, without fingers
	Combined Armsleeve with Glove (a - g), with thumb appendage, without fingers		Glove with thumb appendage, with open fingers
	Combined Armsleeve with full Glove with thumb appendage, with fingers		Glove with thumb appendage, with closed fingers

Finger choice: Open Closed

3 FABRIC & COMPRESSION CLASS

FLAT KNIT

Pertex	Class 1	<input type="checkbox"/>
Pertex 2	Class 2	<input type="checkbox"/>
Pertex 3	Class 3	<input type="checkbox"/>
Goldpunkt 2	Class 2	<input type="checkbox"/>
Goldpunkt 3	Class 3	<input type="checkbox"/>

4 GRIP TOP OPTIONS

GRIP TOP OPTIONS

Grip Top option at G

3cm plain Grip Top	<input type="checkbox"/>
5cm strong plain Grip Top	<input type="checkbox"/>
5cm fine lace Grip Top	<input type="checkbox"/>
5cm strong lace Grip Top	<input type="checkbox"/>

5 SLEEVE OPTIONS

<input type="checkbox"/>	Slant Top* *No charge G - G ¹ _____ cms	<input type="checkbox"/>	Shoulder Cap with velcro fixing to bra G - H _____ cms
<input type="checkbox"/>	Shoulder Cap and adjustable strap G - H _____ cms	<input type="checkbox"/>	Zip* *Please show position and/or dimensions in comments box

6 SELECT COLOUR (no charge)

BEIGE BLACK LIGHT BEIGE
*Pertex only

QUANTITY REQUIRED	LEFT	RIGHT

7 COMMENTS / REQUESTS

Comments area for patient requests.