

**ALWAYS FILL COMPLETELY**

User's last names	
User's first names	
Date of birth / ID number	<input type="checkbox"/> User under 10 years old
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third gender	User's height (cm)
Intended purpose of the product	
<b>MEASURER AND PERSON PROVIDING THE PRESCRIPTION OR DEVICE SPECIFICATION</b>	
Measurer / Contact person	
Phone number / email	
Name of the hospital / medical center / care unit	
By default, the measurer is considered the person providing the prescription or device specification for the custom-made device.  <input type="checkbox"/> The prescription / device specification is provided by a person other than the measurer: Please provide the details on the next page.	

Date of order	Orderer's ref.								
<table border="1"> <tr> <th colspan="2">EXISTING LYMED CLIENT</th> <th>NEW LYMED CLIENT</th> </tr> <tr> <td><input type="checkbox"/> A Identical reorder without any changes</td> <td rowspan="3"> <b>NB!</b> The orderer is responsible for up-to-date measurements.                 </td> <td rowspan="3"> <input type="checkbox"/> </td> </tr> <tr> <td><input type="checkbox"/> B Reorder with changes:</td> </tr> <tr> <td><input type="checkbox"/> C New product for user</td> </tr> </table>		EXISTING LYMED CLIENT		NEW LYMED CLIENT	<input type="checkbox"/> A Identical reorder without any changes	<b>NB!</b> The orderer is responsible for up-to-date measurements.	<input type="checkbox"/>	<input type="checkbox"/> B Reorder with changes:	<input type="checkbox"/> C New product for user
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<input type="checkbox"/> B Reorder with changes:									
<input type="checkbox"/> C New product for user									
Name of the distributor / country									
Order number of the distributor (filled in by the distributor)									

This form can be used to order both custom-made and CE-marked standard-sized medical devices. For custom-made devices, the measurements and specifications recorded on this form constitute the written prescription or device specification used as the basis for manufacturing the device in accordance with Regulation (EU) 2017/745 (MDR). Information related to standard-sized devices constitutes normal order information.

**PRODUCT ORDER DETAILS**

**PRODUCT 1**

CUSTOM-MADE  SKIN  COMPRESSION  SENSE    STANDARD-SIZED  SKIN  COMPRESSION  SENSE  POST-OPERATION  INTERIM & LIGHT

Product code incl. F-color code	Color code	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		Other:									

**PRODUCT 2**

CUSTOM-MADE  SKIN  COMPRESSION  SENSE    STANDARD-SIZED  SKIN  COMPRESSION  SENSE  POST-OPERATION  INTERIM & LIGHT

Product code incl. F-color code	Color code	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		Other:									

**PRODUCT 3**

CUSTOM-MADE  SKIN  COMPRESSION  SENSE    STANDARD-SIZED  SKIN  COMPRESSION  SENSE  POST-OPERATION  INTERIM & LIGHT

Product code incl. F-color code	Color code	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		Other:									

**PRODUCT 4**

CUSTOM-MADE  SKIN  COMPRESSION  SENSE    STANDARD-SIZED  SKIN  COMPRESSION  SENSE  POST-OPERATION  INTERIM & LIGHT

Product code incl. F-color code	Color code	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		Other:									



<b>1</b> User's last names	User's first names	Date of order	Orderer's ref.
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**2.1 MODEL**

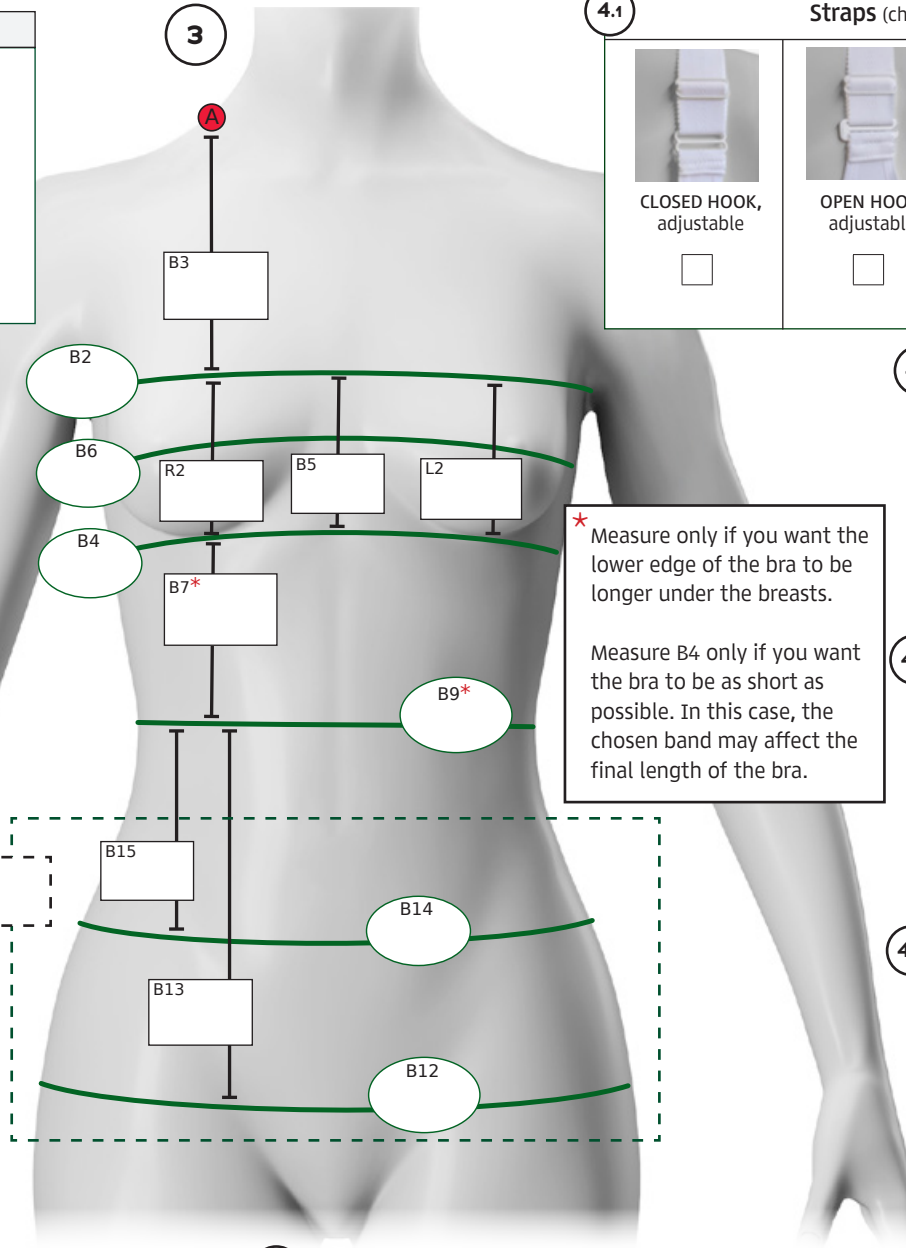
Bra

Bra top

**2.2** Breast removed, without shaping seams at the bust

Left

Right



\* Measure only if you want the lower edge of the bra to be longer under the breasts.

Measure B4 only if you want the bra to be as short as possible. In this case, the chosen band may affect the final length of the bra.

**4.1 Straps (choose one)**

CLOSED HOOK, adjustable

OPEN HOOK, adjustable

FABRIC, NON-ADJUSTABLE, width of strap

3 cm  4 cm  5 cm  6 cm

**4.2 Front neckline**

Medium-high

Low

**4.3 Armhole**

Low armhole

High armhole

**4.4 Back neckline**

High

Low

**5 COMPRESSION**

**CCL 1**  Strong fabric  Medium fabric

**CCL 2**  Strong fabric  Medium fabric

**CCL 3**  Strong fabric

**4.5 Bra underband**

ELA 1  SIL 1  ELA 4  SIL 4

Order complemented by an additional measurement form.

Fastening	Fabric color	Seam color	Emblem
<input type="checkbox"/> Zipper with guard and aid hooks	<input type="checkbox"/> F1 Beige	<input type="checkbox"/> S1 Beige	<input type="checkbox"/> P1 Cat
<input type="checkbox"/> Hooks 1 row	<input type="checkbox"/> F2 Black	<input type="checkbox"/> S2 Black	<input type="checkbox"/> P2 Dog
<input type="checkbox"/> Hooks 2 rows	<input type="checkbox"/> F3 White	<input type="checkbox"/> S3 White	<input type="checkbox"/> P3 Fox
	<input type="checkbox"/> F4 Grey*	<input type="checkbox"/> S4 Grey	<input type="checkbox"/> P4 Bunny
	<input type="checkbox"/> F5 Blue*	<input type="checkbox"/> S5 Blue	<input type="checkbox"/> P5 Duck
	<input type="checkbox"/> F6 Red*	<input type="checkbox"/> S6 Red	<input type="checkbox"/> P6 Strawberry
	<input type="checkbox"/> F7 Green*	<input type="checkbox"/> S7 Green	<input type="checkbox"/> P7 Snowflake
		<input type="checkbox"/> S8 Pink	<input type="checkbox"/> P8 Dino
		<input type="checkbox"/> S9 Bright Green	<input type="checkbox"/> P9 Bear
		<input type="checkbox"/> S10 Yellow	<input type="checkbox"/> P10 Beetle
		<input type="checkbox"/> S11 Orange	<input type="checkbox"/> P11 Ladybug
		<input type="checkbox"/> S12 Bright blue	<input type="checkbox"/> P12 Turtle
		<input type="checkbox"/> S13 Purple	<input type="checkbox"/> P13 Whale
			<input type="checkbox"/> P14 Flower

\*Adjustable straps available only in beige, black or white.

Our production chooses the placement of the emblem.

**Paid Addition**

**Prosthesis pocket**

Left, exterior

Left, interior

Right, exterior

Right, interior

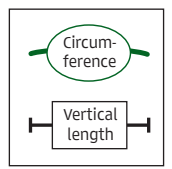
Default material: same as the product's material

**7**

Fabric/pressure information: \_\_\_\_\_

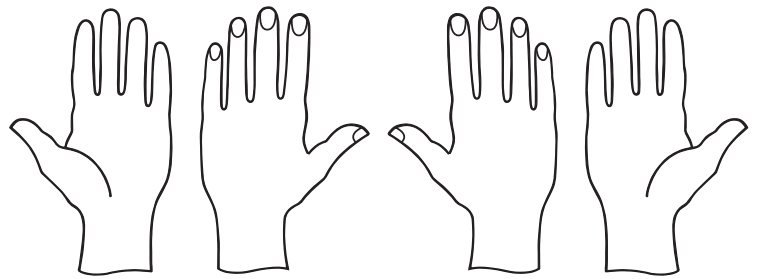
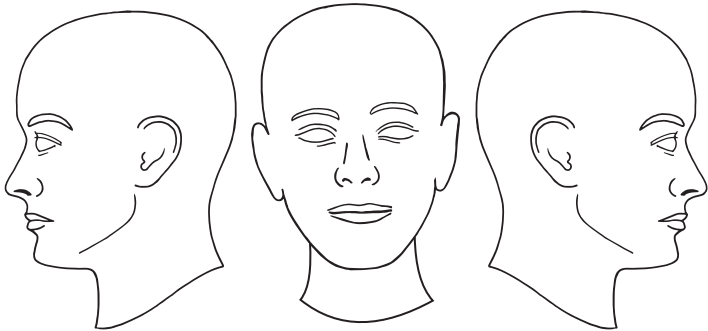
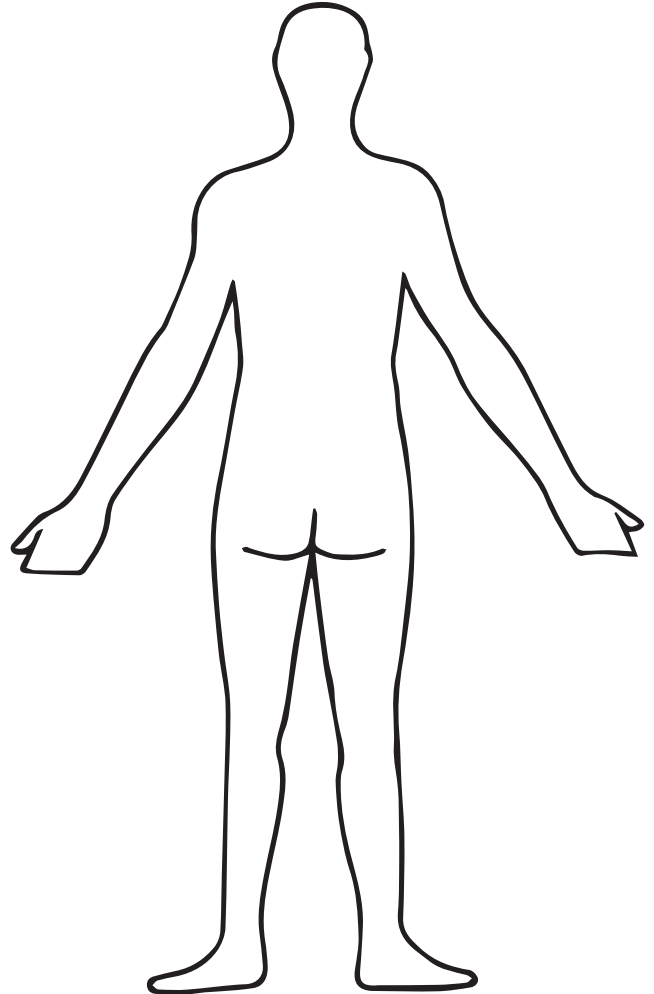
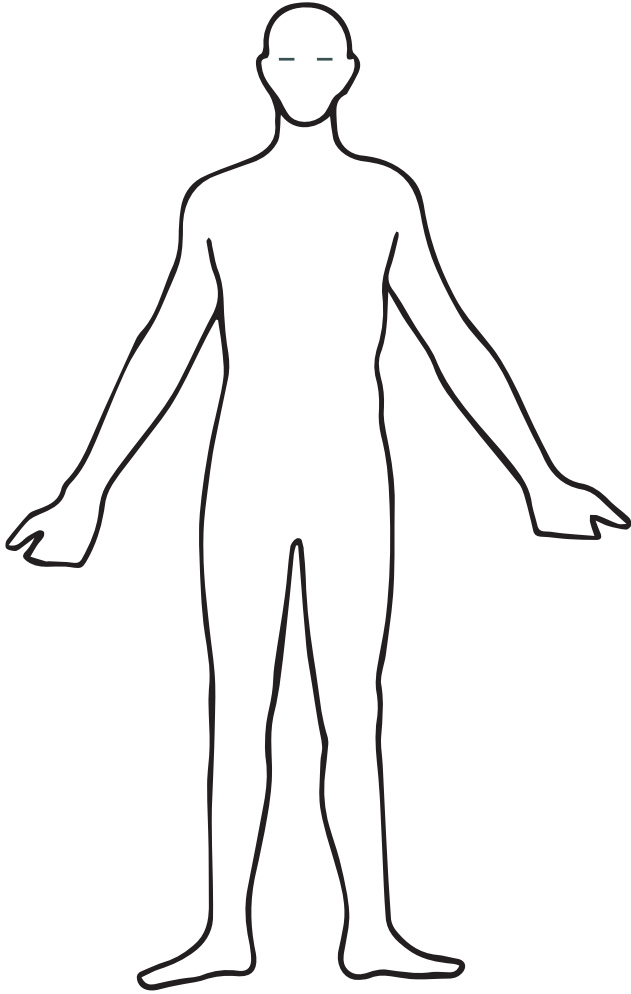
Material details: \_\_\_\_\_

Addition details: \_\_\_\_\_



User's last names	User's first names	Date of order	Customer ref.
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Draw the injured area, model of the garment or special solutions:



LEFT

RIGHT

Additional information:

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