





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

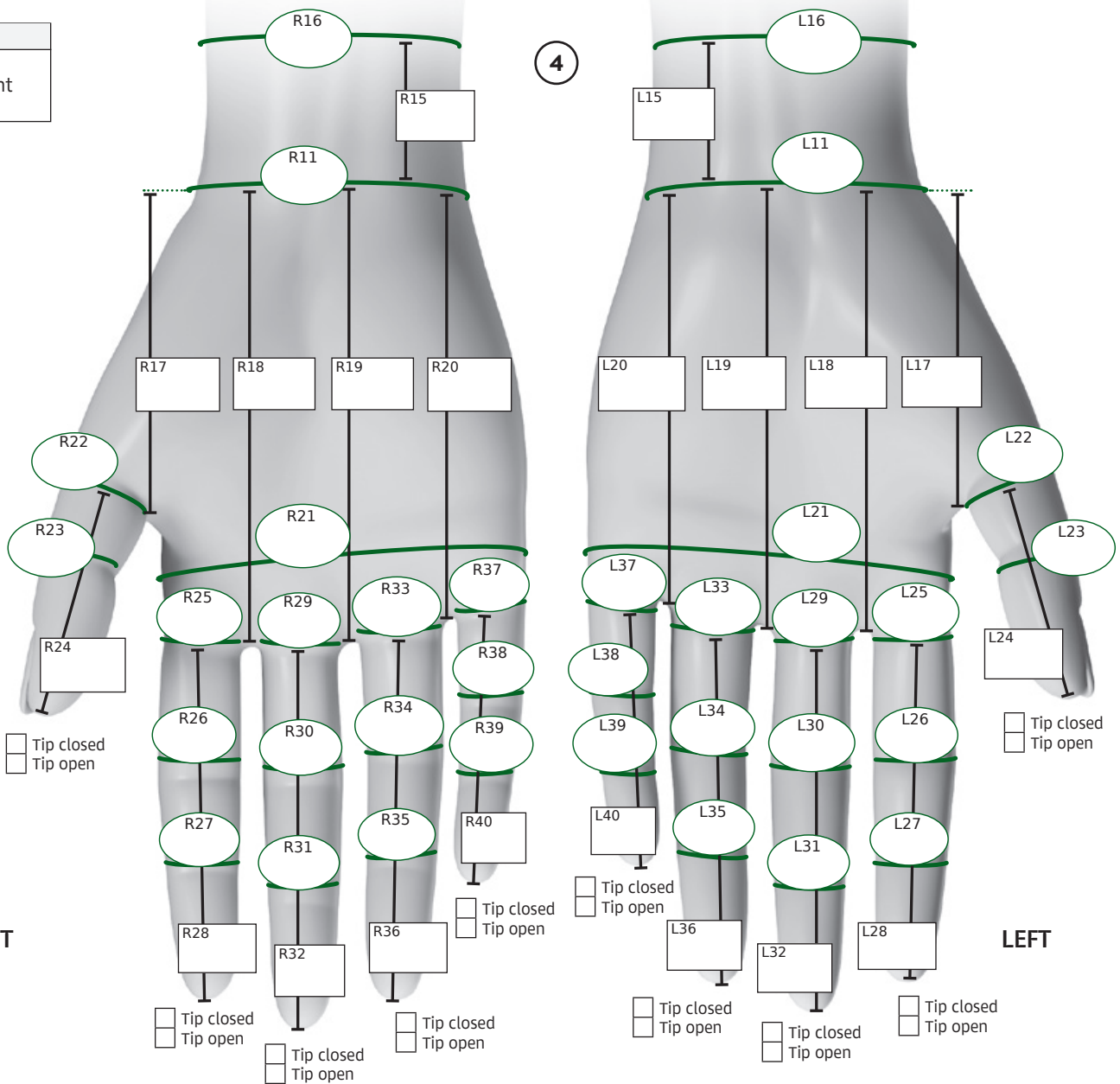
Left  Right

**3 MODEL**

Glove

Gauntlet

Digital cap (only Skin-products)



<b>5 SKIN</b>	<b>COMPRESSION</b>	<b>SENSE</b>
<p><b>Normal pressure level</b></p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p><b>Lightened pressure level</b></p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p>	<p><b>CCL 1</b></p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p><b>CCL 2</b></p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p><b>CCL 3</b></p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p><b>CCL 4</b></p> <p><input type="checkbox"/> Strong fabric</p>	<p><b>Light pressure</b></p> <p><input type="checkbox"/> Medium fabric</p> <p><input type="checkbox"/> Light fabric</p> <p><input type="checkbox"/> Strong fabric</p> <p><b>Medium pressure</b></p> <p><input type="checkbox"/> Medium fabric</p> <p><input type="checkbox"/> Strong fabric</p> <p><b>Strong pressure</b></p> <p><input type="checkbox"/> Strong fabric</p> <p><input type="checkbox"/> Medium fabric</p> <p><b>Other:</b></p> <p><input type="checkbox"/> Pressure level/material:</p>

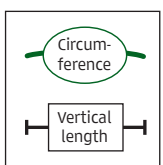
<b>6 Fabric color</b>	<b>Seam color</b>	<b>Emblem</b>	<b>Paid addition</b>																																			
<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> F1 Beige</td><td><input type="checkbox"/> S1 Beige</td><td><input type="checkbox"/> S8 Pink</td></tr> <tr><td><input type="checkbox"/> F2 Black</td><td><input type="checkbox"/> S2 Black</td><td><input type="checkbox"/> S9 Bright Green</td></tr> <tr><td><input type="checkbox"/> F3 White</td><td><input type="checkbox"/> S3 White</td><td><input type="checkbox"/> S10 Yellow</td></tr> <tr><td><input type="checkbox"/> F4 Grey</td><td><input type="checkbox"/> S4 Grey</td><td><input type="checkbox"/> S11 Orange</td></tr> <tr><td><input type="checkbox"/> F5 Blue</td><td><input type="checkbox"/> S5 Blue</td><td><input type="checkbox"/> S12 Bright blue</td></tr> <tr><td><input type="checkbox"/> F6 Red</td><td><input type="checkbox"/> S6 Red</td><td><input type="checkbox"/> S13 Purple</td></tr> <tr><td><input type="checkbox"/> F7 Green</td><td><input type="checkbox"/> S7 Green</td><td></td></tr> </table>	<input type="checkbox"/> F1 Beige	<input type="checkbox"/> S1 Beige	<input type="checkbox"/> S8 Pink	<input type="checkbox"/> F2 Black	<input type="checkbox"/> S2 Black	<input type="checkbox"/> S9 Bright Green	<input type="checkbox"/> F3 White	<input type="checkbox"/> S3 White	<input type="checkbox"/> S10 Yellow	<input type="checkbox"/> F4 Grey	<input type="checkbox"/> S4 Grey	<input type="checkbox"/> S11 Orange	<input type="checkbox"/> F5 Blue	<input type="checkbox"/> S5 Blue	<input type="checkbox"/> S12 Bright blue	<input type="checkbox"/> F6 Red	<input type="checkbox"/> S6 Red	<input type="checkbox"/> S13 Purple	<input type="checkbox"/> F7 Green	<input type="checkbox"/> S7 Green			<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> P1 Cat</td><td><input type="checkbox"/> P8 Dino</td></tr> <tr><td><input type="checkbox"/> P2 Dog</td><td><input type="checkbox"/> P9 Bear</td></tr> <tr><td><input type="checkbox"/> P3 Fox</td><td><input type="checkbox"/> P10 Beetle</td></tr> <tr><td><input type="checkbox"/> P4 Bunny</td><td><input type="checkbox"/> P11 Ladybug</td></tr> <tr><td><input type="checkbox"/> P5 Duck</td><td><input type="checkbox"/> P12 Turtle</td></tr> <tr><td><input type="checkbox"/> P6 Strawberry</td><td><input type="checkbox"/> P13 Whale</td></tr> <tr><td><input type="checkbox"/> P7 Snowflake</td><td><input type="checkbox"/> P14 Flower</td></tr> </table>	<input type="checkbox"/> P1 Cat	<input type="checkbox"/> P8 Dino	<input type="checkbox"/> P2 Dog	<input type="checkbox"/> P9 Bear	<input type="checkbox"/> P3 Fox	<input type="checkbox"/> P10 Beetle	<input type="checkbox"/> P4 Bunny	<input type="checkbox"/> P11 Ladybug	<input type="checkbox"/> P5 Duck	<input type="checkbox"/> P12 Turtle	<input type="checkbox"/> P6 Strawberry	<input type="checkbox"/> P13 Whale	<input type="checkbox"/> P7 Snowflake	<input type="checkbox"/> P14 Flower	<p><b>Fastener*</b></p> <p><input type="checkbox"/> AZ Zipper</p> <p><input type="checkbox"/> AZF Guard</p> <p><small>*Where and what kind, write in "Addition details"</small></p>
<input type="checkbox"/> F1 Beige	<input type="checkbox"/> S1 Beige	<input type="checkbox"/> S8 Pink																																				
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Fabric/pressure information: \_\_\_\_\_

Color and material details: \_\_\_\_\_

Silicone and elastane band preferences: \_\_\_\_\_

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



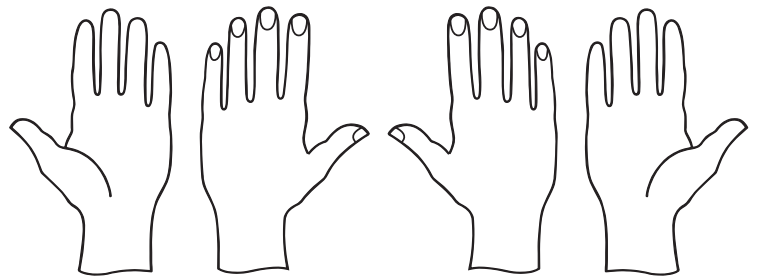
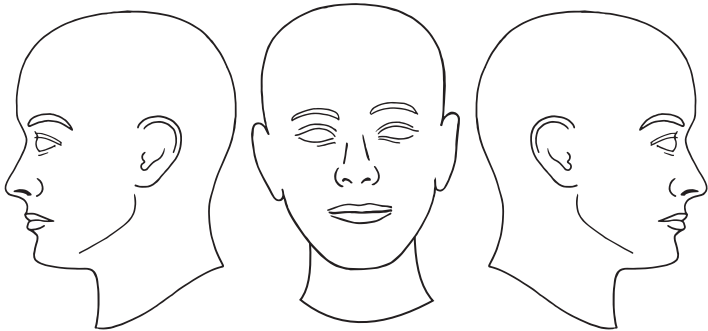
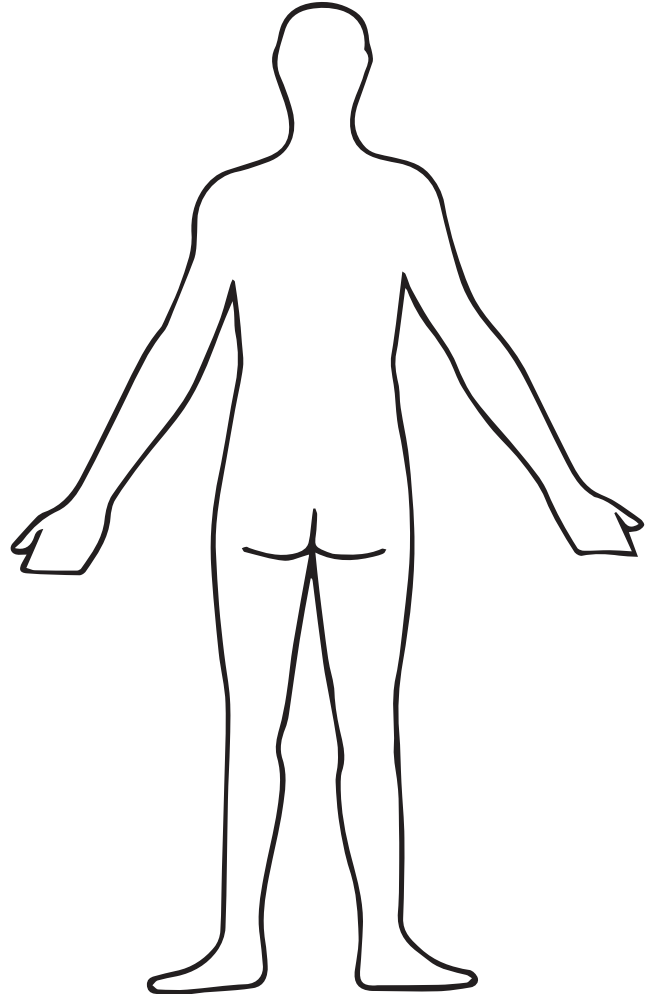
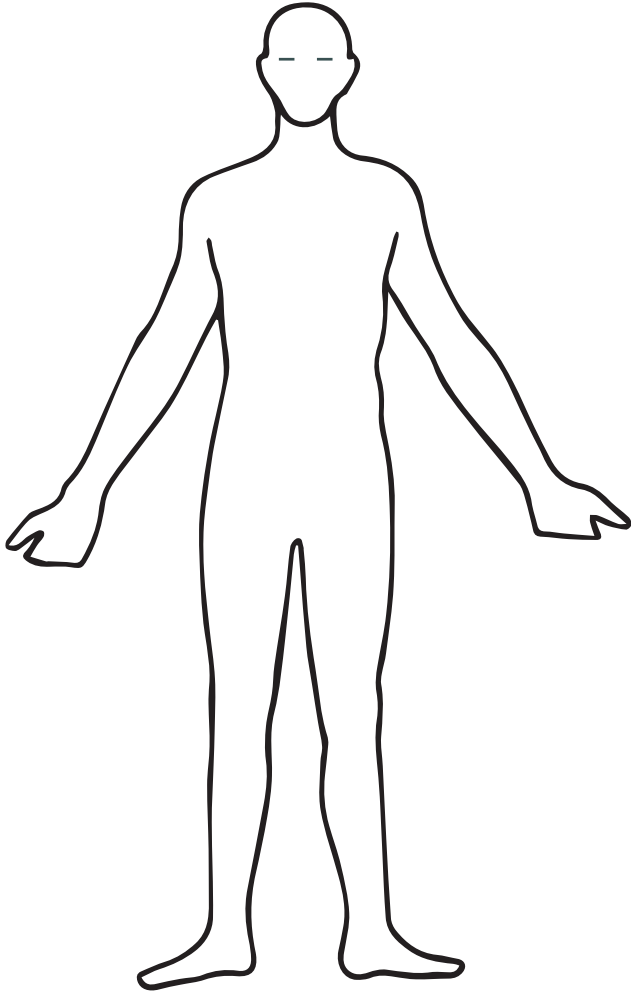
**Please check the measuring instructions. Make sure that all the necessary information is filled accurately and completely.**

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A large empty rectangular area for drawing outlines of a foot and hand, bounded by a grid of small squares. The grid is composed of small squares, with a vertical column of squares on the left side and a horizontal row of squares at the bottom. The rest of the area is empty, intended for the user to draw the outlines of a foot and hand.

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Draw the injured area, model of the garment or special solutions:



LEFT

RIGHT

Additional information:

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