

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	
MEASURER AND PERSON PROVIDING THE PRESCRIPTION OR DEVICE SPECIFICATION	
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.	
EXISTING LYMED CLIENT			NEW LYMED CLIENT
<input type="checkbox"/> A Identical reorder without any changes	NB! 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			
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 <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE	STANDARD-SIZED <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> POST-OPERATION <input type="checkbox"/> INTERIM & LIGHT																	
Product code incl. F-color code	Color code	quantity	Quantity of products without handedness																
<input type="text"/>	F	left	right																
Codes for additions (separate codes with empty space)		Quantity of products with handedness																	
<input type="text"/>		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>Vest</td><td>Body</td><td>Pants</td><td>Stockings</td><td>Chin strap</td><td>Helmet</td><td>Bra</td><td>Abdominal support</td> </tr> <tr> <td>Abdominal band</td><td>Leg</td><td>Sock</td><td>Sleeve</td><td>Glove</td><td>Gauntlet</td><td>Sleeve glove</td><td></td> </tr> </table>		Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove	
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Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove													
Other: <input type="text"/>																			

PRODUCT 2	CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE	STANDARD-SIZED <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> POST-OPERATION <input type="checkbox"/> INTERIM & LIGHT																	
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Other: <input type="text"/>																			

PRODUCT 3	CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE	STANDARD-SIZED <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> POST-OPERATION <input type="checkbox"/> INTERIM & LIGHT																	
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Other: <input type="text"/>																			

PRODUCT 4	CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE	STANDARD-SIZED <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> POST-OPERATION <input type="checkbox"/> INTERIM & LIGHT																	
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Other: <input type="text"/>																			

1 User's last names	User's first names	Date of order	Orderer's ref.
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2 MODEL

Ear area open

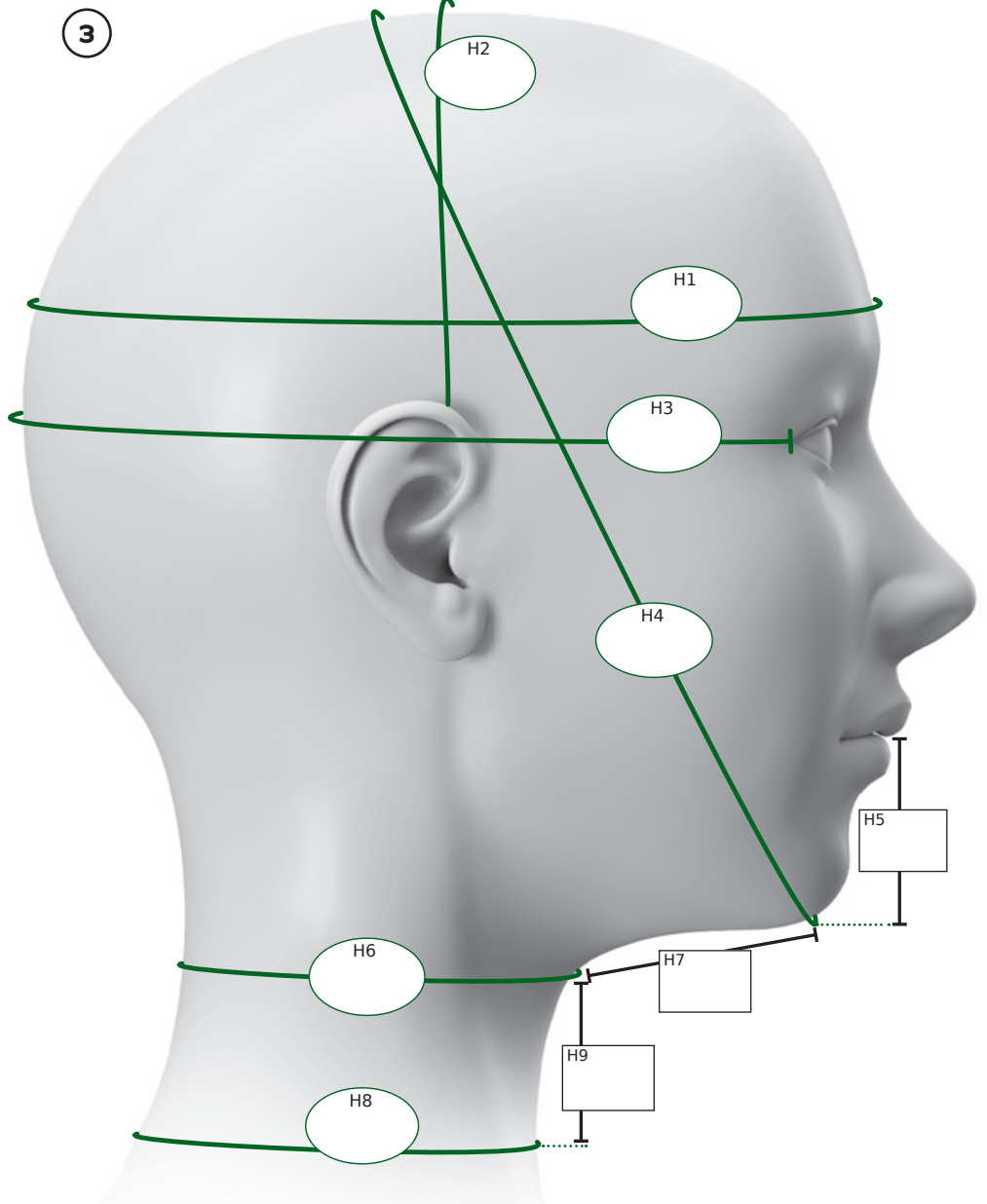
Ear area closed

Face open

Face closed

Collar
(Only Skin-products)

Headband
(Only Skin-products)



4 SKIN

Normal pressure level	Lightened pressure level	COMPRESSION			
<input type="checkbox"/> Strong fabric	<input type="checkbox"/> Strong fabric	CCL 1	CCL 2	CCL 3	CCL 4
<input type="checkbox"/> Medium fabric	<input type="checkbox"/> Medium fabric	<input type="checkbox"/> Strong fabric	<input type="checkbox"/> Strong fabric	<input type="checkbox"/> Strong fabric	<input type="checkbox"/> Strong fabric
		<input type="checkbox"/> Medium fabric	<input type="checkbox"/> Medium fabric	<input type="checkbox"/> Medium fabric	

other:

Pressure level/material: _____

5

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

Our production chooses the placement of the emblem.

6

Fabric/pressure information: _____

Color and material details: _____

Silicone and elastane band preferences: _____

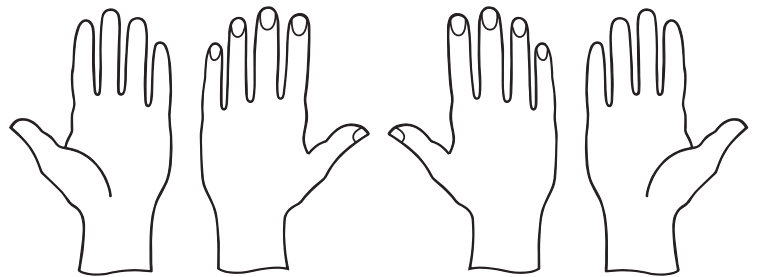
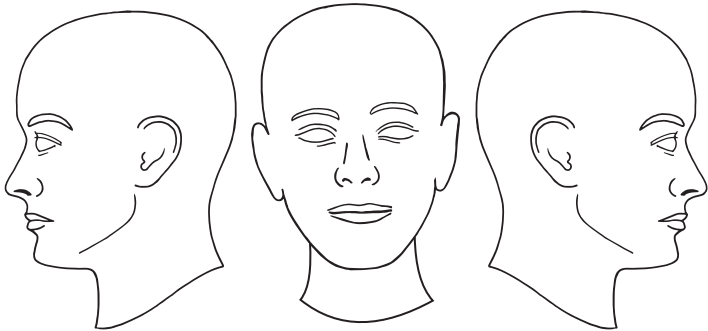
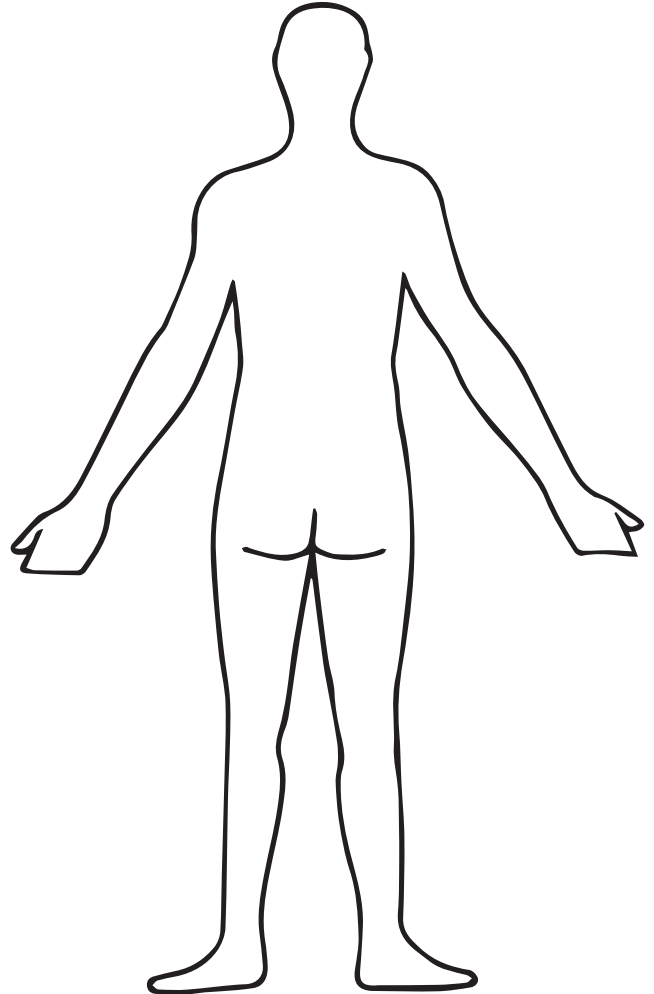
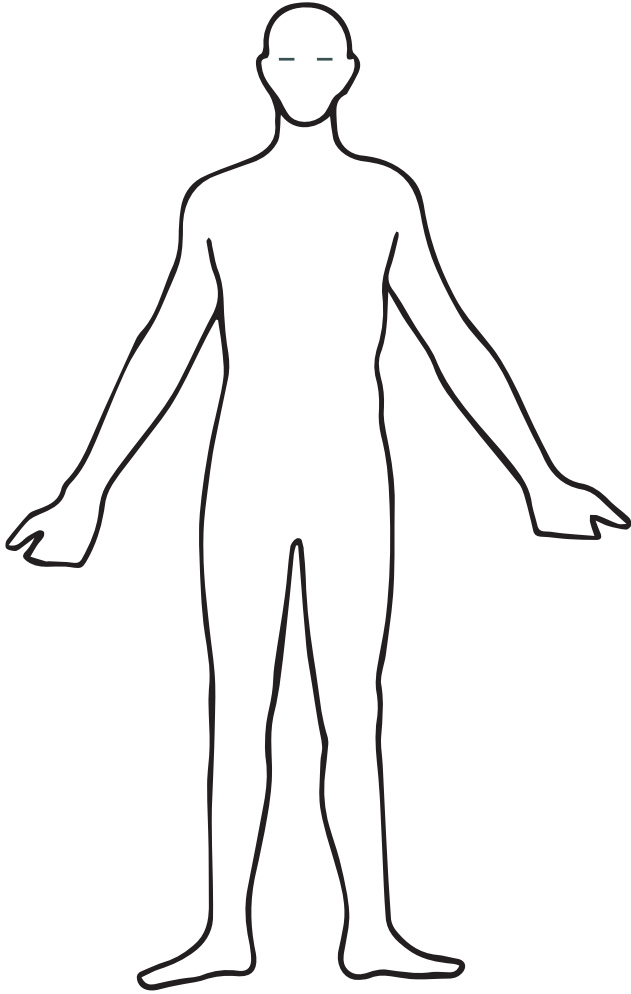
Addition details: _____

Circumference

Vertical length

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:
