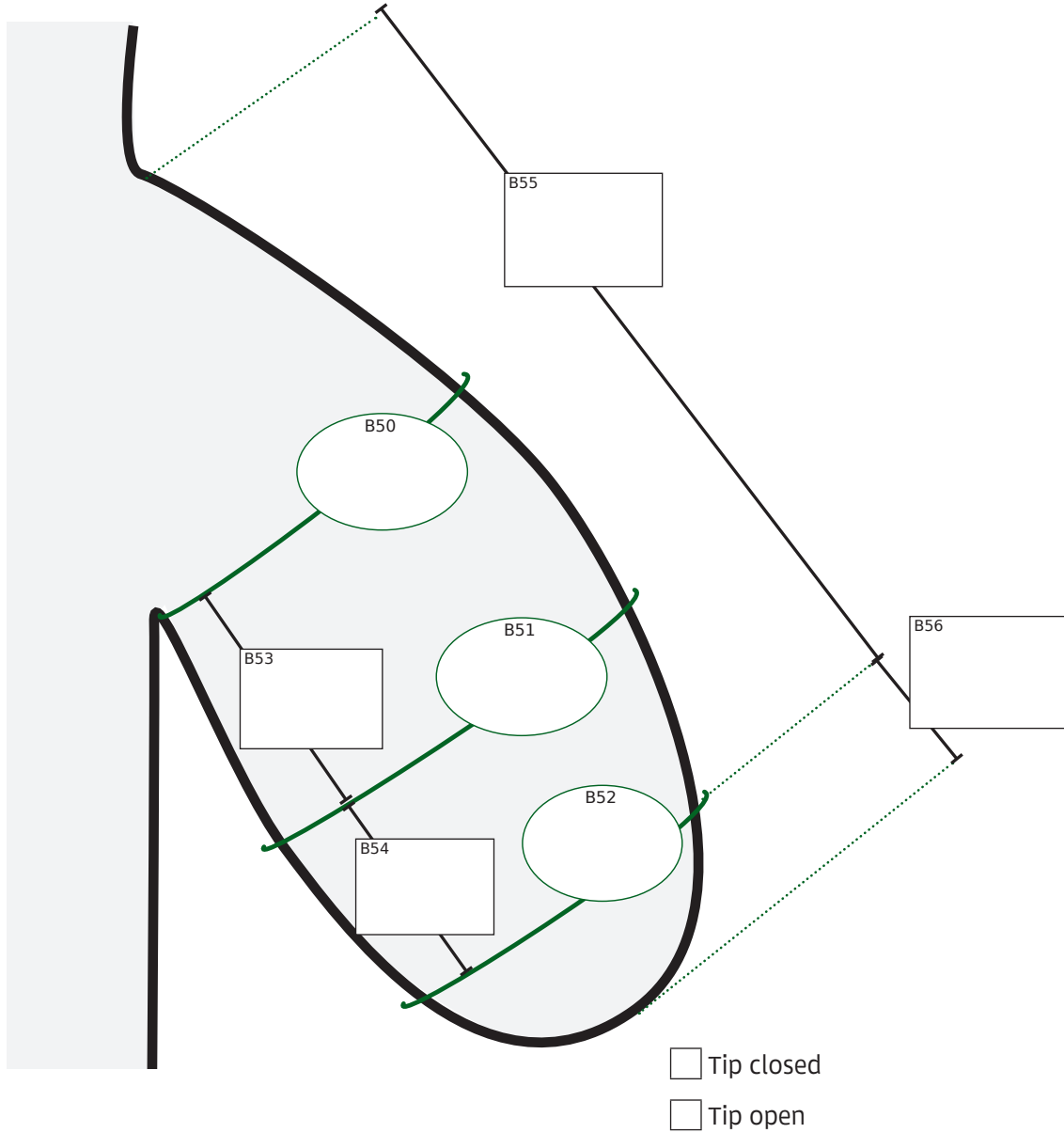


1 User's last names	User's first names	Date of order	Orderer's ref.
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2



3 COMPRESSION

CCL 1	CCL 3
<input type="checkbox"/> Strong fabric	<input type="checkbox"/> Strong fabric
<input type="checkbox"/> Medium fabric	<input type="checkbox"/> Medium fabric
CCL 2	CCL 4
<input type="checkbox"/> Strong fabric	<input type="checkbox"/> Strong fabric
<input type="checkbox"/> Medium fabric	
Other:	
<input type="text"/> Material:	

4

Fabric color		Seam color		Paid addition
<input type="checkbox"/> F1	Beige	<input type="checkbox"/> S1	Beige	Fastening <input type="checkbox"/> AVF Velcro fastening
<input type="checkbox"/> F2	Black	<input type="checkbox"/> S2	Black	
<input type="checkbox"/> F3	White	<input type="checkbox"/> S3	White	
<input type="checkbox"/> F4	Grey	<input type="checkbox"/> S4	Grey	
<input type="checkbox"/> F5	Blue	<input type="checkbox"/> S5	Blue	
<input type="checkbox"/> F6	Red	<input type="checkbox"/> S6	Red	
<input type="checkbox"/> F7	Green	<input type="checkbox"/> S7	Green	
		<input type="checkbox"/> S8	Pink	
		<input type="checkbox"/> S9	Bright Green	
		<input type="checkbox"/> S10	Yellow	
		<input type="checkbox"/> S11	Orange	
		<input type="checkbox"/> S12	Bright blue	
		<input type="checkbox"/> S13	Purple	

5

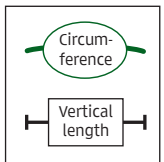
Fabric/pressure information: _____

Color and material details: _____

Silicone and elastane band preferences: _____

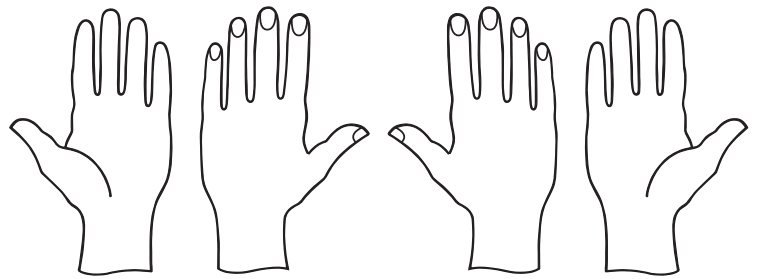
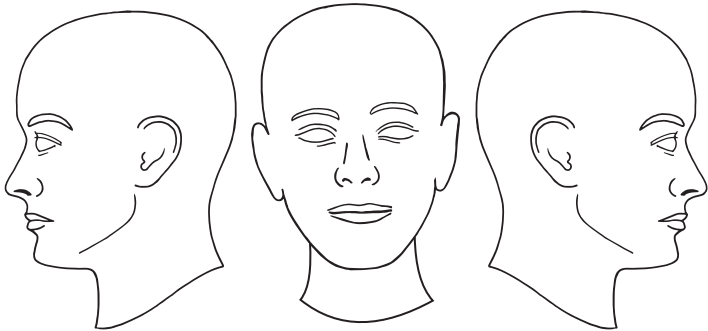
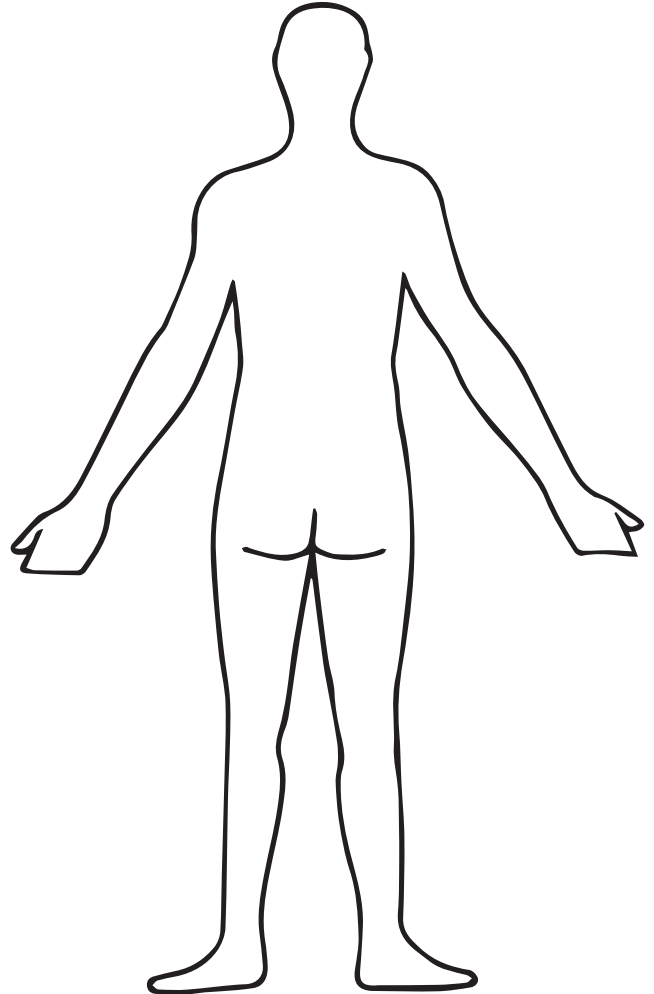
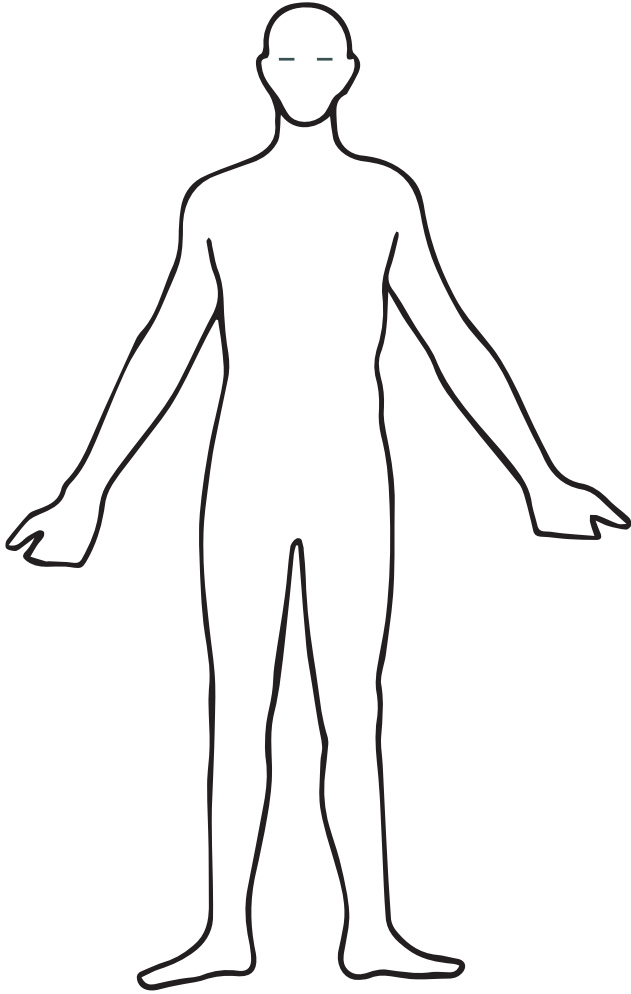
Addition details: _____

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



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:
