

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	<input type="checkbox"/> CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> 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: F																
	Codes for additions (separate codes with empty space): _____																
	quantity: _____ Quantity of products without handedness: _____ left: _____ right: _____ Quantity of products with handedness: _____																
	<table border="1" style="width:100%; 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> Other: _____	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove	
Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support										
Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove											
PRODUCT 2	<input type="checkbox"/> CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> 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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Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support										
Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove											
PRODUCT 3	<input type="checkbox"/> CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> 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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	quantity: _____ Quantity of products without handedness: _____ left: _____ right: _____ Quantity of products with handedness: _____																
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Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support										
Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove											
PRODUCT 4	<input type="checkbox"/> CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> 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: F																
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	quantity: _____ Quantity of products without handedness: _____ left: _____ right: _____ Quantity of products with handedness: _____																
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Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove											

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

Left Right

3 Worn together with a glove:
lower pressure at the overlapping area

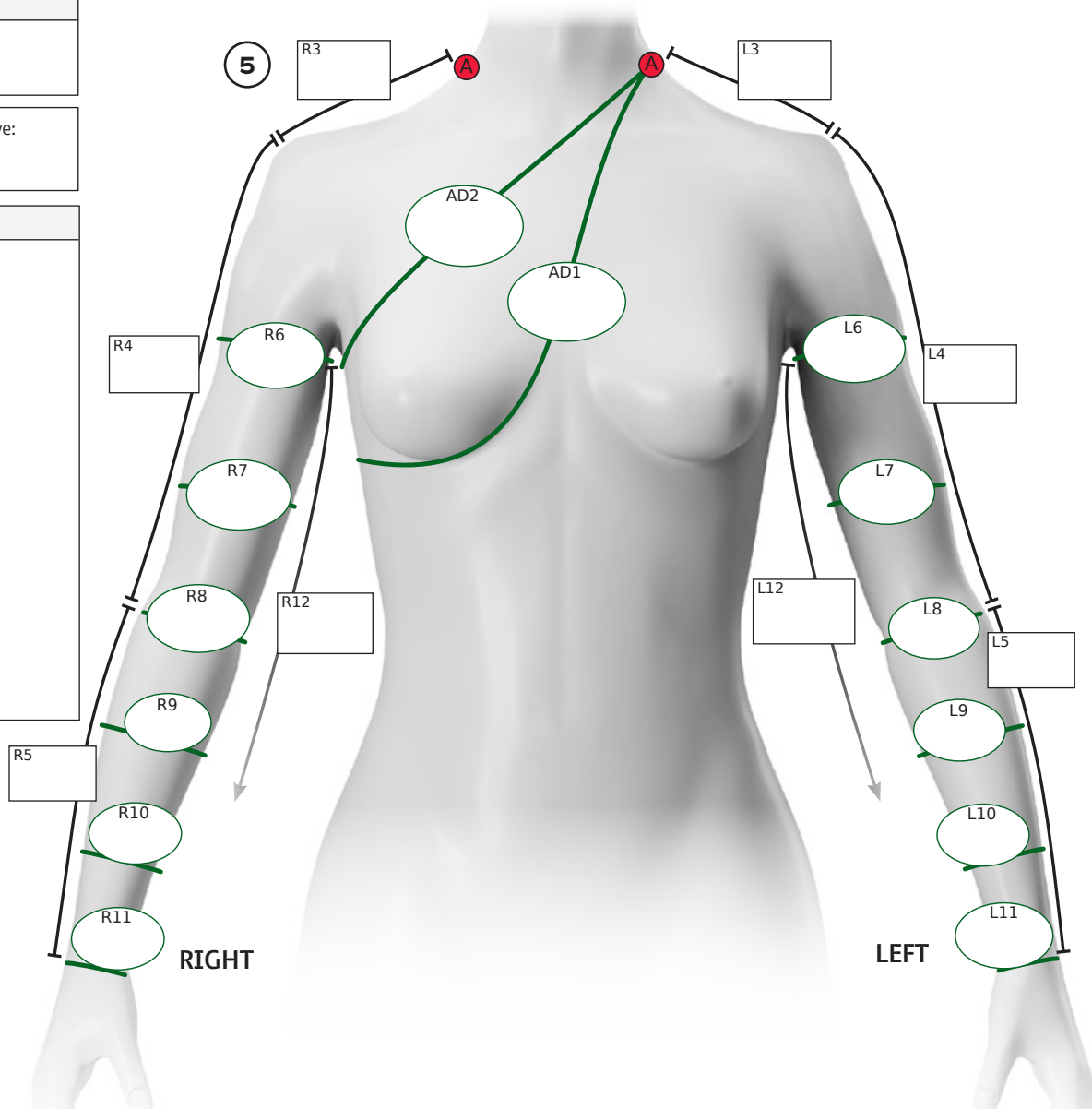
4 MODEL

Sleeve Model 1 (AD1)

Sleeve glove Model 1 (AD1)
(fill also form 9)

Sleeve Model 2 (AD2)

Sleeve glove Model 2 (AD2)
(fill also form 9)



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

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

Our production chooses the placement of the emblem.

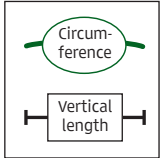
8

Fabric/pressure information: _____

Color and material details: _____

Silicone and elastane band preferences: _____

Addition details: _____



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2 SIDE

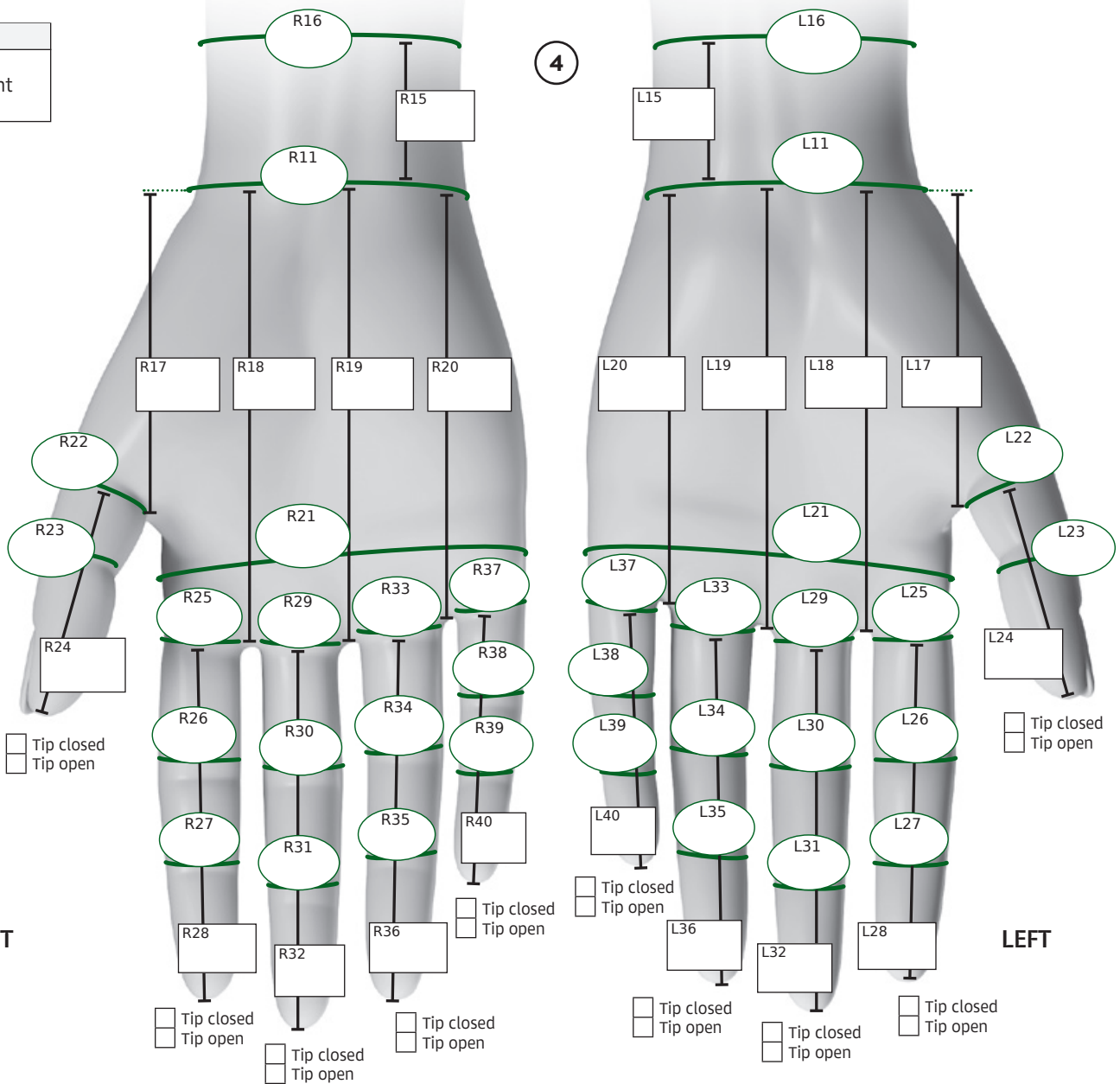
Left Right

3 MODEL

Glove

Gauntlet

Digital cap (only Skin-products)



5 SKIN

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

6

Fabric color	Seam color	Emblem
<input type="checkbox"/> F1 Beige	<input type="checkbox"/> S1 Beige	<input type="checkbox"/> P1 Cat
<input type="checkbox"/> F2 Black	<input type="checkbox"/> S2 Black	<input type="checkbox"/> P2 Dog
<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

Our production chooses the placement of the emblem.

Paid addition

Fastener*

AZ Zipper

AZF Guard

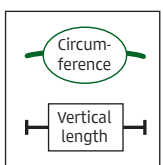
*Where and what kind, write in "Addition details"

Fabric/pressure information: _____

Color and material details: _____

Silicone and elastane band preferences: _____

Addition details: _____



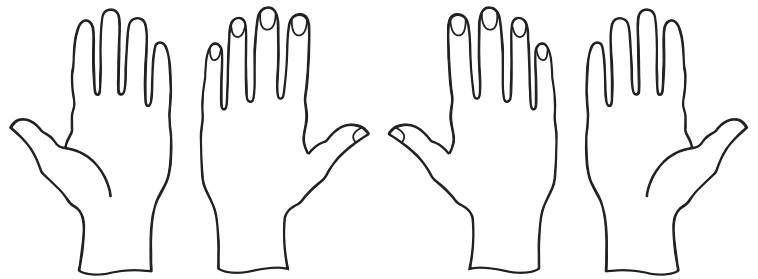
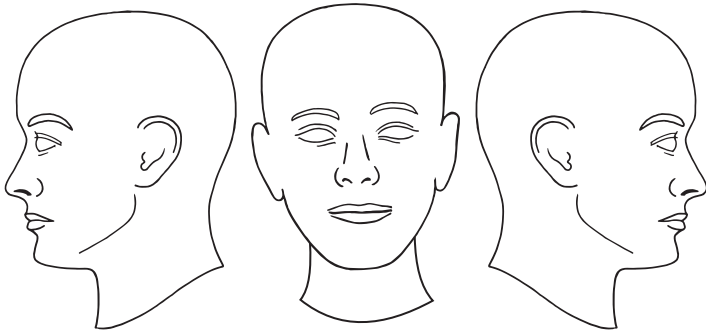
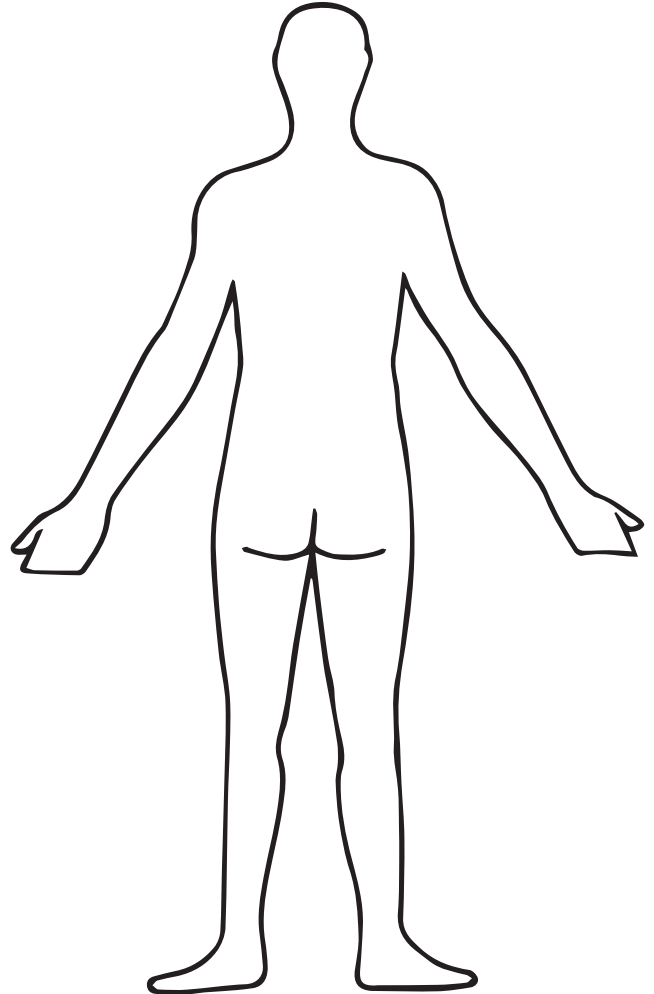
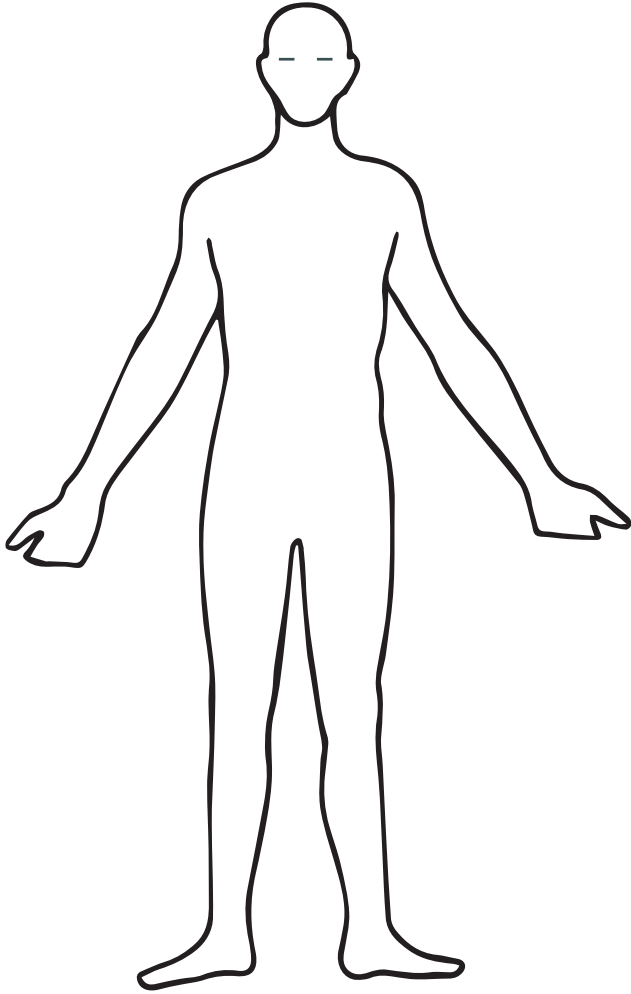
Please check the measuring instructions. Make sure that all the necessary information is filled accurately and completely.

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The drawing area is a large empty rectangle. On the left side, there is a vertical scale with horizontal tick marks. At the bottom, there is a horizontal scale with vertical tick marks. The scales are intended for measuring the dimensions of the foot and hand outlines.

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



LEFT

RIGHT

Additional information:
