

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

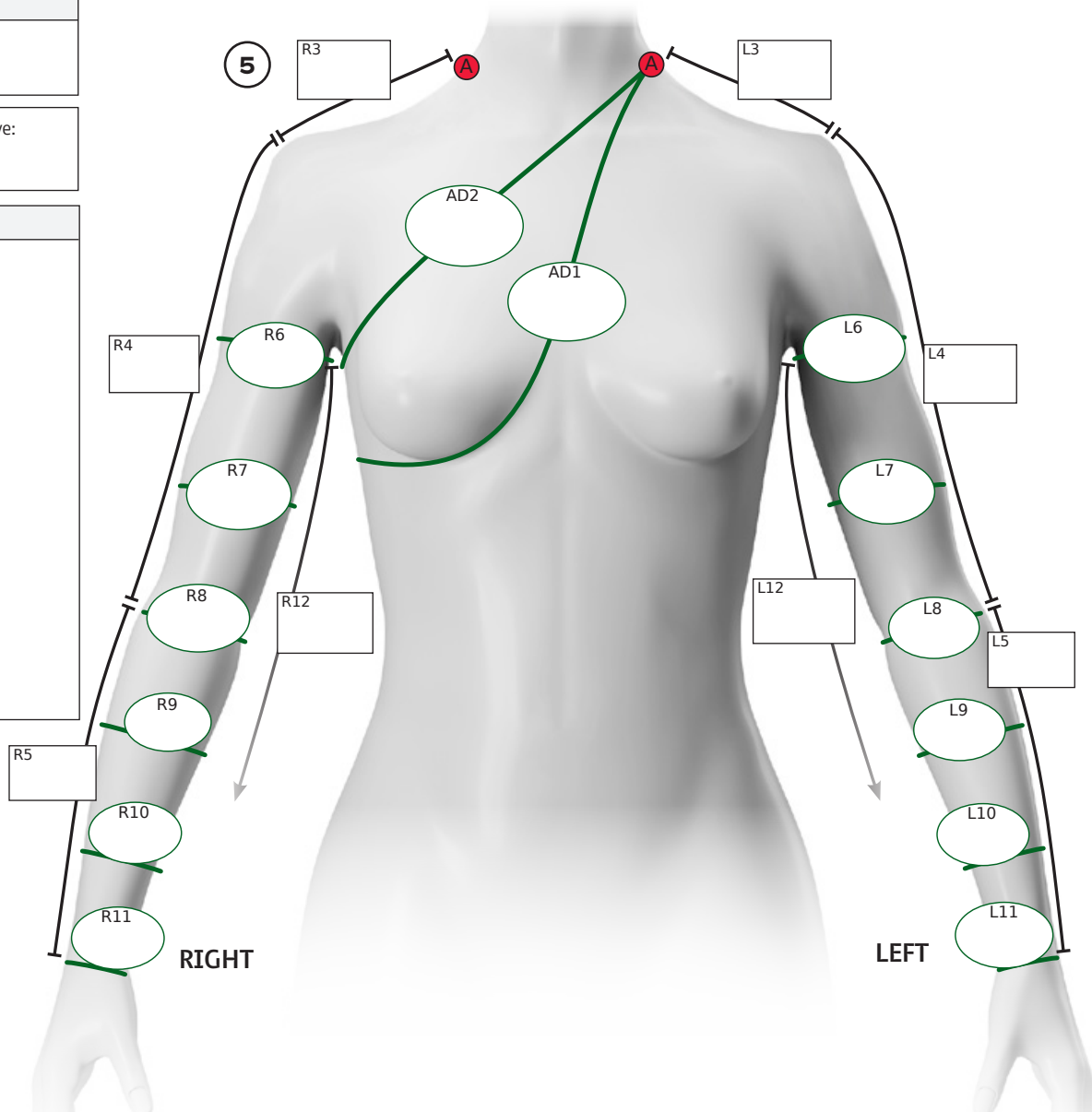
4 MODEL

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.		

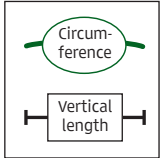
8

Fabric/pressure information: _____

Color and material details: _____

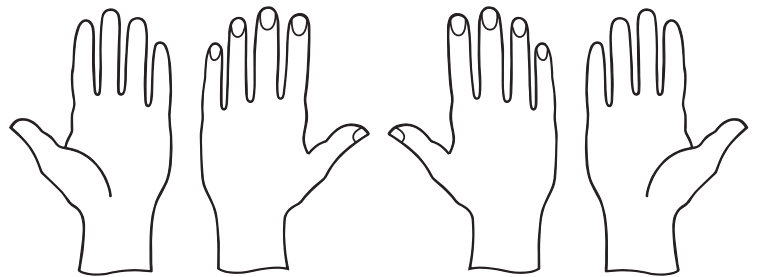
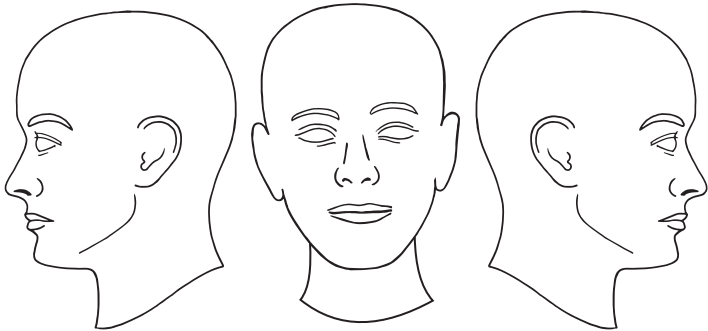
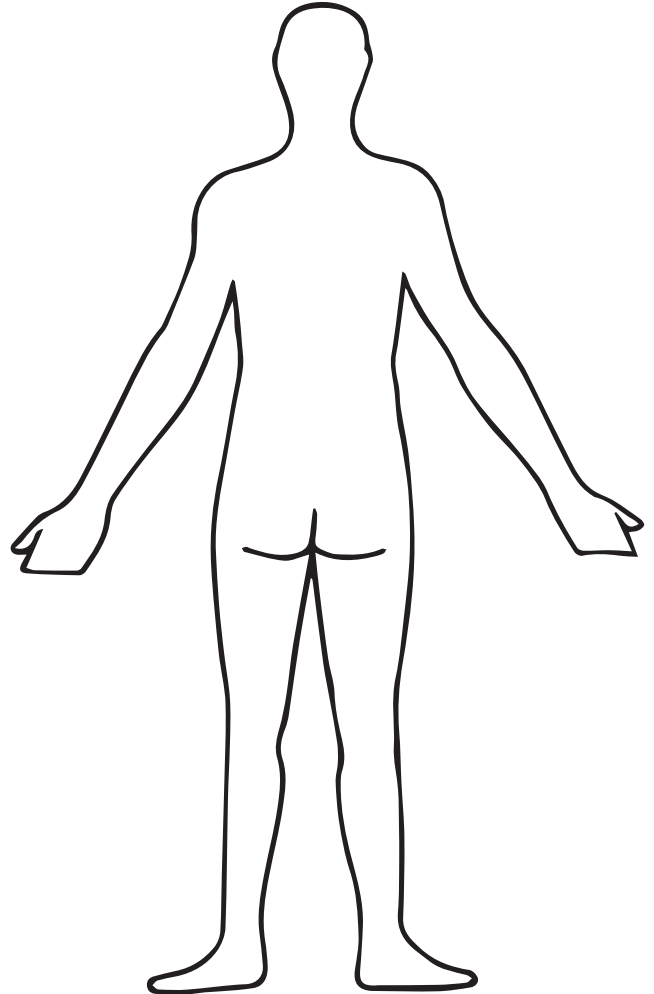
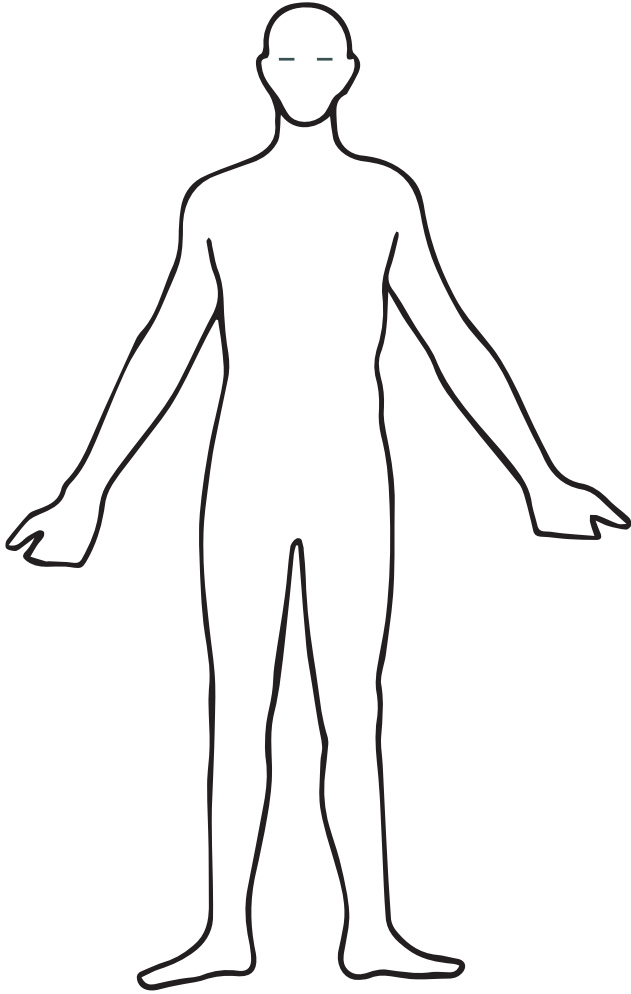
Silicone and elastane band preferences: _____

Addition details: _____



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:
