

ALWAYS FILL COMPLETELY

User's last names

User's first names

Date of birth / ID number User under 10 years old

Gender Male Female 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.

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 SKIN COMPRESSION SENSE STANDARD-SIZED SKIN COMPRESSION SENSE POST-OPERATION INTERIM & LIGHT

Product code incl. F-color code Color code

F

Quantity: left right

Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove	

Other: _____

PRODUCT 2

CUSTOM-MADE SKIN COMPRESSION SENSE STANDARD-SIZED SKIN COMPRESSION SENSE POST-OPERATION INTERIM & LIGHT

Product code incl. F-color code Color code

F

Quantity: left right

Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove	

Other: _____

PRODUCT 3

CUSTOM-MADE SKIN COMPRESSION SENSE STANDARD-SIZED SKIN COMPRESSION SENSE POST-OPERATION INTERIM & LIGHT

Product code incl. F-color code Color code

F

Quantity: left right

Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove	

Other: _____

PRODUCT 4

CUSTOM-MADE SKIN COMPRESSION SENSE STANDARD-SIZED SKIN COMPRESSION SENSE POST-OPERATION INTERIM & LIGHT

Product code incl. F-color code Color code

F

Quantity: left right

Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove	

Other: _____

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

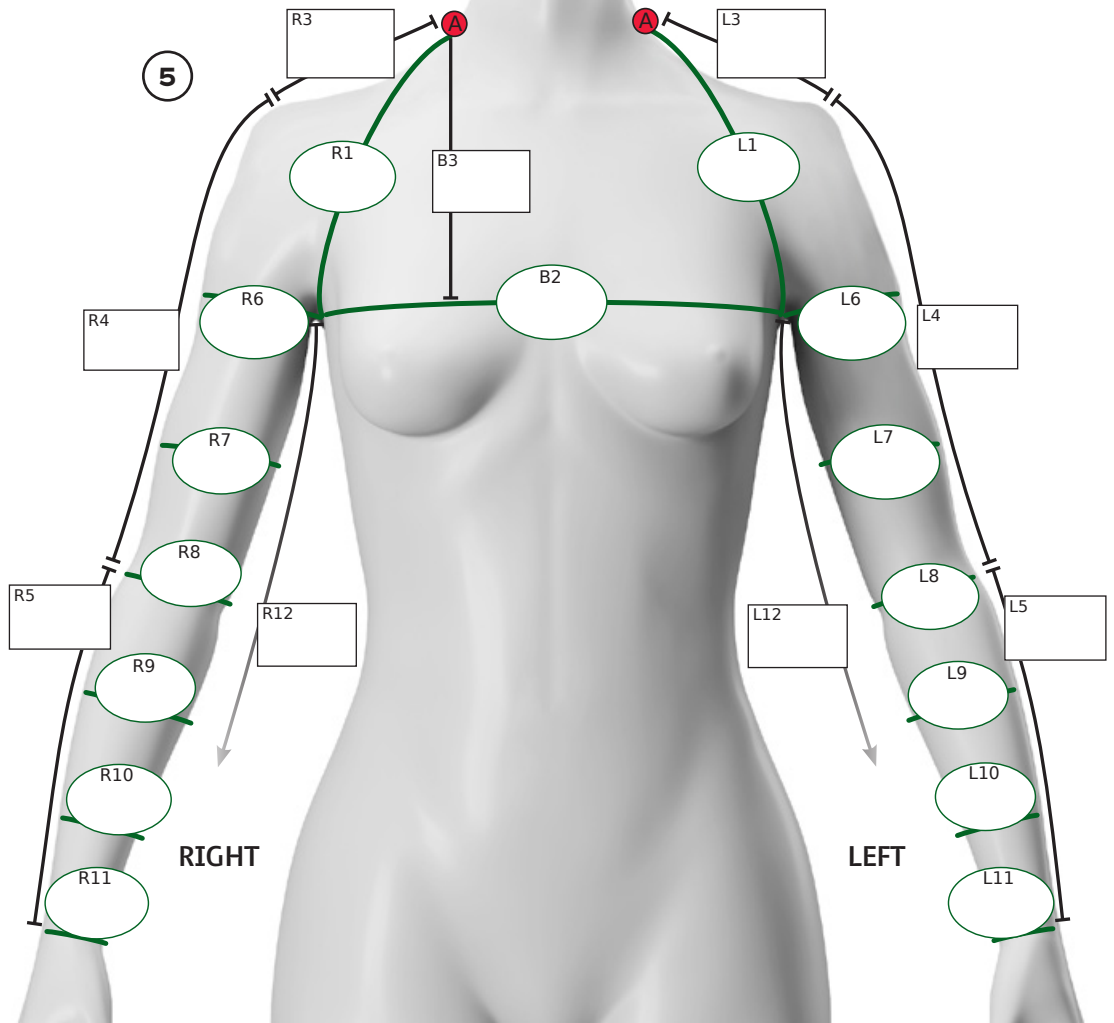
4 **MALLI**

Sleeve with opposite sleeve, Model 3

Sleeve glove with opposite sleeve, Model 3 (fill also form 9)

Sleeve with long opposite sleeve, Model 3

Sleeve glove with opposite sleeve glove, Model 3 (fill also form 9)



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

LEFT

Other:
Pressure level/material: _____

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

RIGHT

Other:
Pressure level/material: _____

7	Fastener	Fabric color	Seam color	Emblem	
	<input type="checkbox"/> Zipper with guard <input type="checkbox"/> Hooks	<input type="checkbox"/> F1 Beige <input type="checkbox"/> F2 Black <input type="checkbox"/> F3 White <input type="checkbox"/> F4 Grey <input type="checkbox"/> F5 Blue <input type="checkbox"/> F6 Red <input type="checkbox"/> F7 Green	<input type="checkbox"/> S1 Beige <input type="checkbox"/> S2 Black <input type="checkbox"/> S3 White <input type="checkbox"/> S4 Grey <input type="checkbox"/> S5 Blue <input type="checkbox"/> S6 Red <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	<input type="checkbox"/> P1 Cat <input type="checkbox"/> P2 Dog <input type="checkbox"/> P3 Fox <input type="checkbox"/> P4 Bunny <input type="checkbox"/> P5 Duck <input type="checkbox"/> P6 Strawberry <input type="checkbox"/> P7 Snowflake

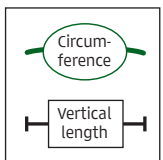
Our production chooses the placement of the emblem.

8 Fabric/pressure information: _____

Color and material details: _____

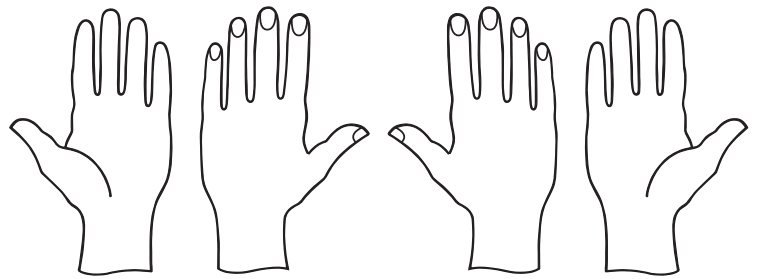
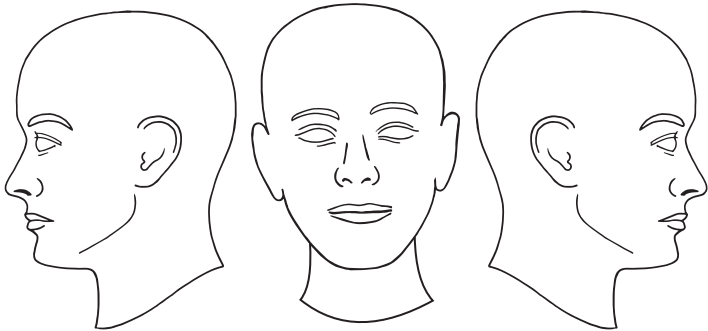
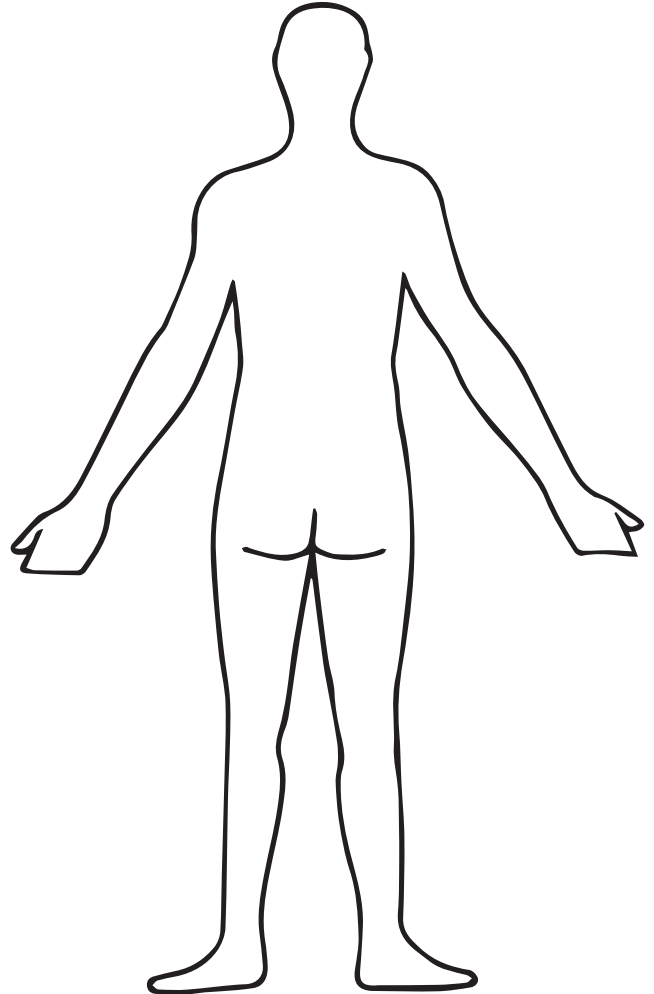
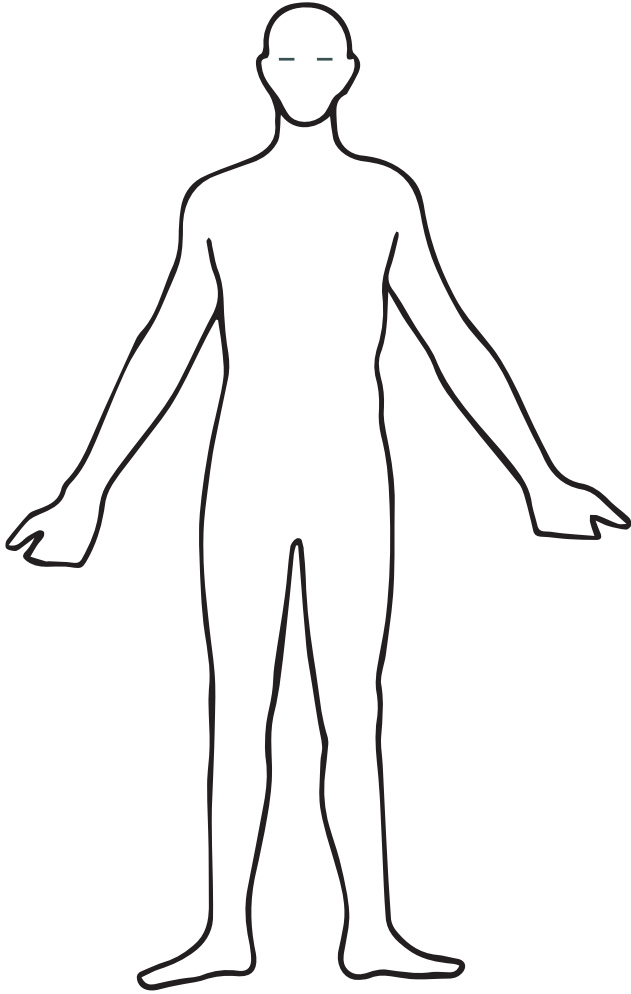
Silicone and elastane band preferences: _____

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:
