

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.								
<table border="1"> <tr> <th colspan="2">EXISTING LYMED CLIENT</th> <th>NEW LYMED CLIENT</th> </tr> <tr> <td><input type="checkbox"/> A Identical reorder without any changes</td> <td rowspan="3"> NB! The orderer is responsible for up-to-date measurements. </td> <td rowspan="3"> <input type="checkbox"/> </td> </tr> <tr> <td><input type="checkbox"/> B Reorder with changes:</td> </tr> <tr> <td><input type="checkbox"/> C New product for user</td> </tr> </table>		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
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<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 _____ F	quantity _____ Quantity of products without handedness
	Codes for additions (separate codes with empty space) _____	left right Quantity of products with handedness
	Vest Body Pants Stockings Chin strap Helmet Bra Abdominal support	Abdominal band Leg Sock Sleeve Glove Gauntlet Sleeve glove
Other:	_____	
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
	Product code incl. F-color code _____ F	quantity _____ Quantity of products without handedness
	Codes for additions (separate codes with empty space) _____	left right Quantity of products with handedness
	Vest Body Pants Stockings Chin strap Helmet Bra Abdominal support	Abdominal band Leg Sock Sleeve Glove Gauntlet Sleeve glove
Other:	_____	
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
	Product code incl. F-color code _____ F	quantity _____ Quantity of products without handedness
	Codes for additions (separate codes with empty space) _____	left right Quantity of products with handedness
	Vest Body Pants Stockings Chin strap Helmet Bra Abdominal support	Abdominal band Leg Sock Sleeve Glove Gauntlet Sleeve glove
Other:	_____	
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
	Product code incl. F-color code _____ F	quantity _____ Quantity of products without handedness
	Codes for additions (separate codes with empty space) _____	left right Quantity of products with handedness
	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

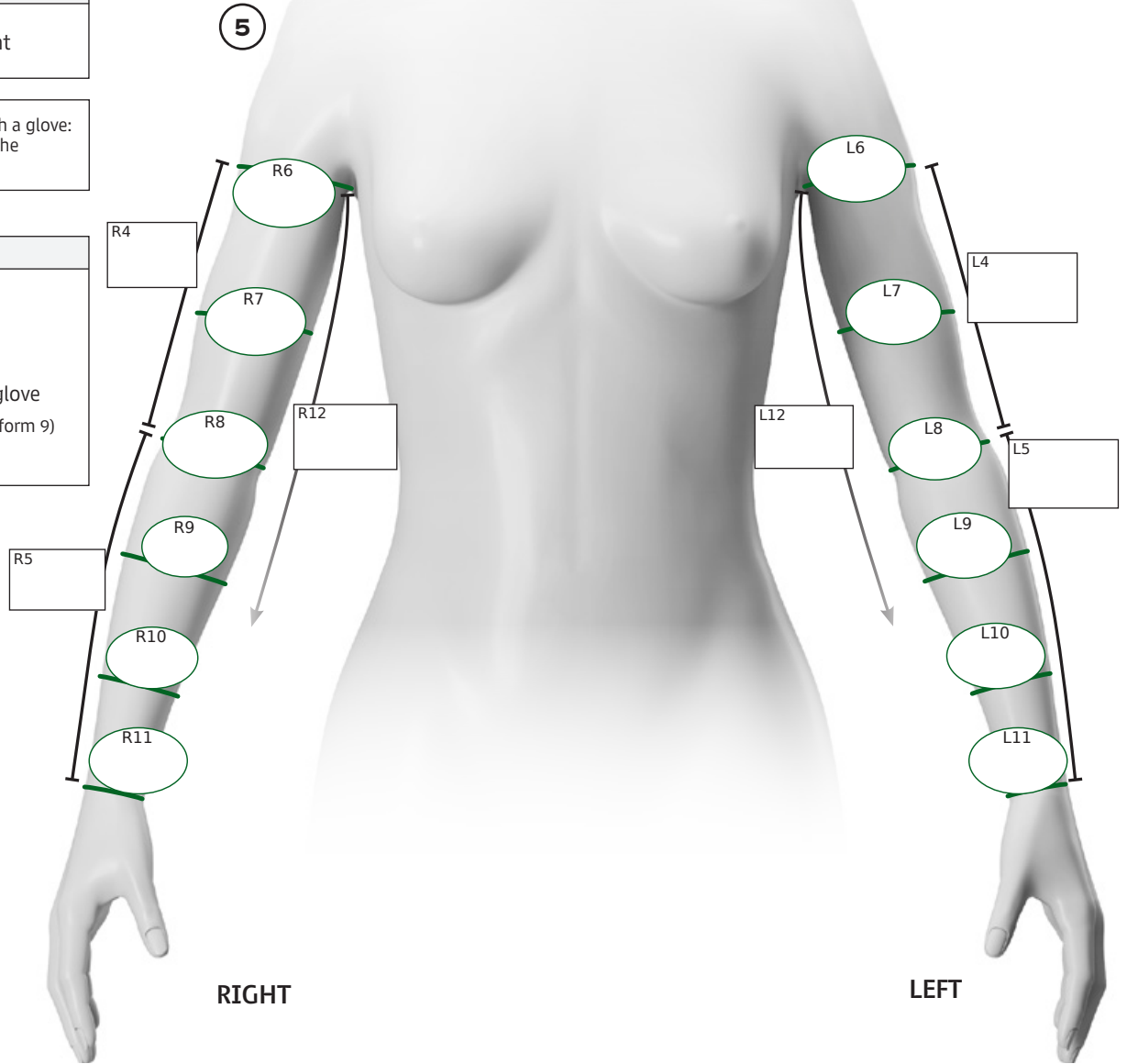
Left Right

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

4 MODEL

Sleeve

Sleeve glove
(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																																				
<table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> F1 Beige</td><td><input type="checkbox"/> S1 Beige</td><td><input type="checkbox"/> S8 Pink</td><td><input type="checkbox"/> P1 Cat</td><td><input type="checkbox"/> P8 Dino</td></tr> <tr><td><input type="checkbox"/> F2 Black</td><td><input type="checkbox"/> S2 Black</td><td><input type="checkbox"/> S9 Bright Green</td><td><input type="checkbox"/> P2 Dog</td><td><input type="checkbox"/> P9 Bear</td></tr> <tr><td><input type="checkbox"/> F3 White</td><td><input type="checkbox"/> S3 White</td><td><input type="checkbox"/> S10 Yellow</td><td><input type="checkbox"/> P3 Fox</td><td><input type="checkbox"/> P10 Beetle</td></tr> <tr><td><input type="checkbox"/> F4 Grey</td><td><input type="checkbox"/> S4 Grey</td><td><input type="checkbox"/> S11 Orange</td><td><input type="checkbox"/> P4 Bunny</td><td><input type="checkbox"/> P11 Ladybug</td></tr> <tr><td><input type="checkbox"/> F5 Blue</td><td><input type="checkbox"/> S5 Blue</td><td><input type="checkbox"/> S12 Bright blue</td><td><input type="checkbox"/> P5 Duck</td><td><input type="checkbox"/> P12 Turtle</td></tr> <tr><td><input type="checkbox"/> F6 Red</td><td><input type="checkbox"/> S6 Red</td><td><input type="checkbox"/> S13 Purple</td><td><input type="checkbox"/> P6 Strawberry</td><td><input type="checkbox"/> P13 Whale</td></tr> <tr><td><input type="checkbox"/> F7 Green</td><td><input type="checkbox"/> S7 Green</td><td></td><td><input type="checkbox"/> P7 Snowflake</td><td><input type="checkbox"/> P14 Flower</td></tr> </table>	<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"/> 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			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Our production chooses the placement of the emblem.																																						

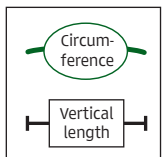
8

Fabric/pressure information: _____

Color and material details: _____

Silicone and elastane band preferences: _____

Addition details: _____

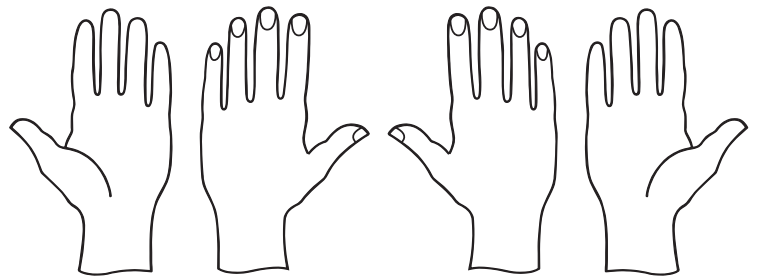
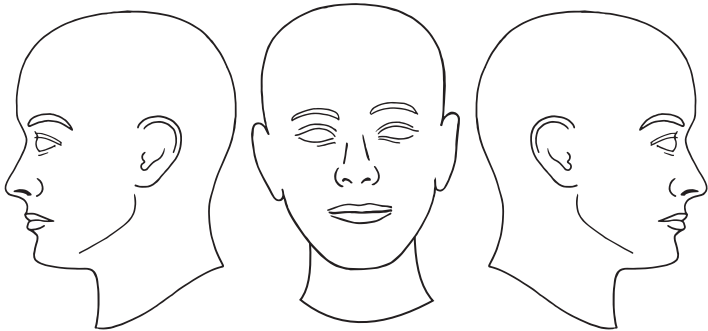
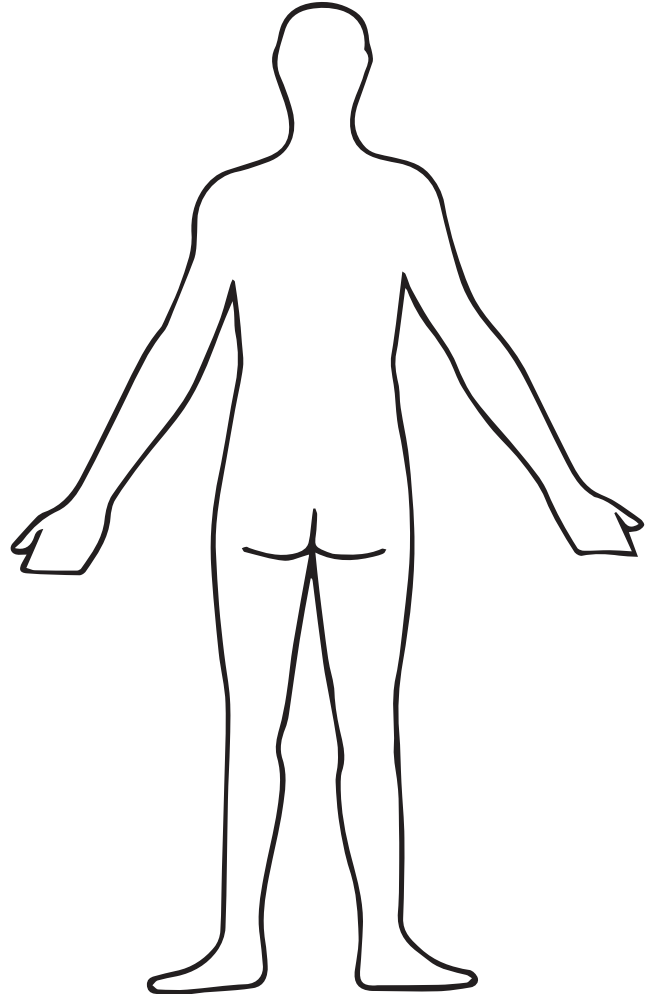
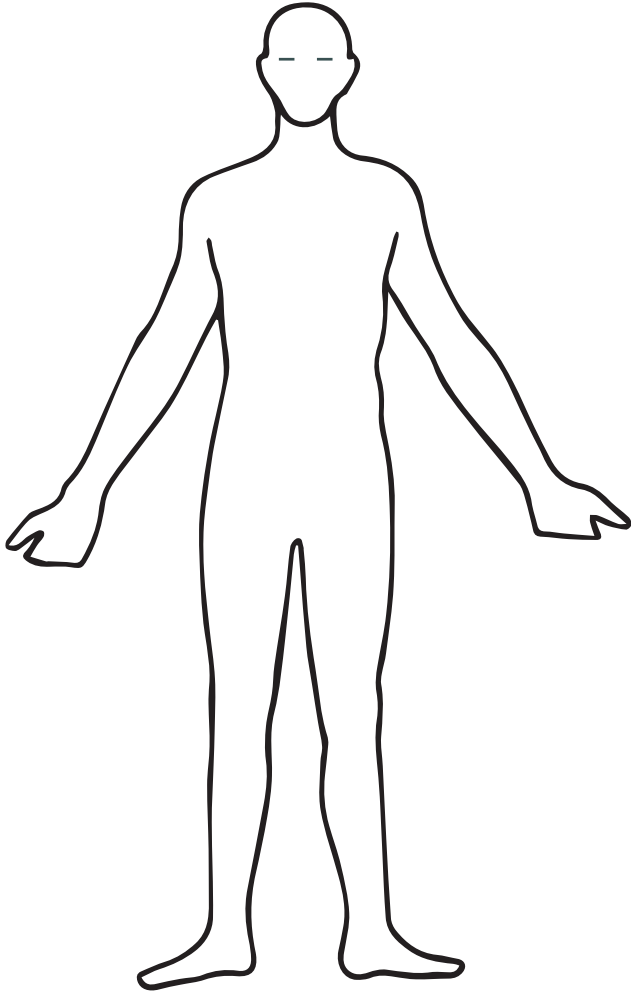


User's last names	User's first names	Date of order	Customer ref.
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The main body of the form is a large empty rectangular area intended for drawing. It is bounded by a grid of small squares, with a vertical line on the left and a horizontal line at the bottom. The grid is composed of approximately 20 columns and 20 rows of small squares, creating a coordinate system for the drawing.

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:
