

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
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	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		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	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		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	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		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	quantity	Quantity of products without handedness	Vest	Body	Pants	Stockings	Chin strap	Helmet	Bra	Abdominal support
<input type="text"/>	<input type="text"/>	left	right	Quantity of products with handedness	Abdominal band	Leg	Sock	Sleeve	Glove	Gauntlet	Sleeve glove
Codes for additions (separate codes with empty space)		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 MODEL OF THE SOCK

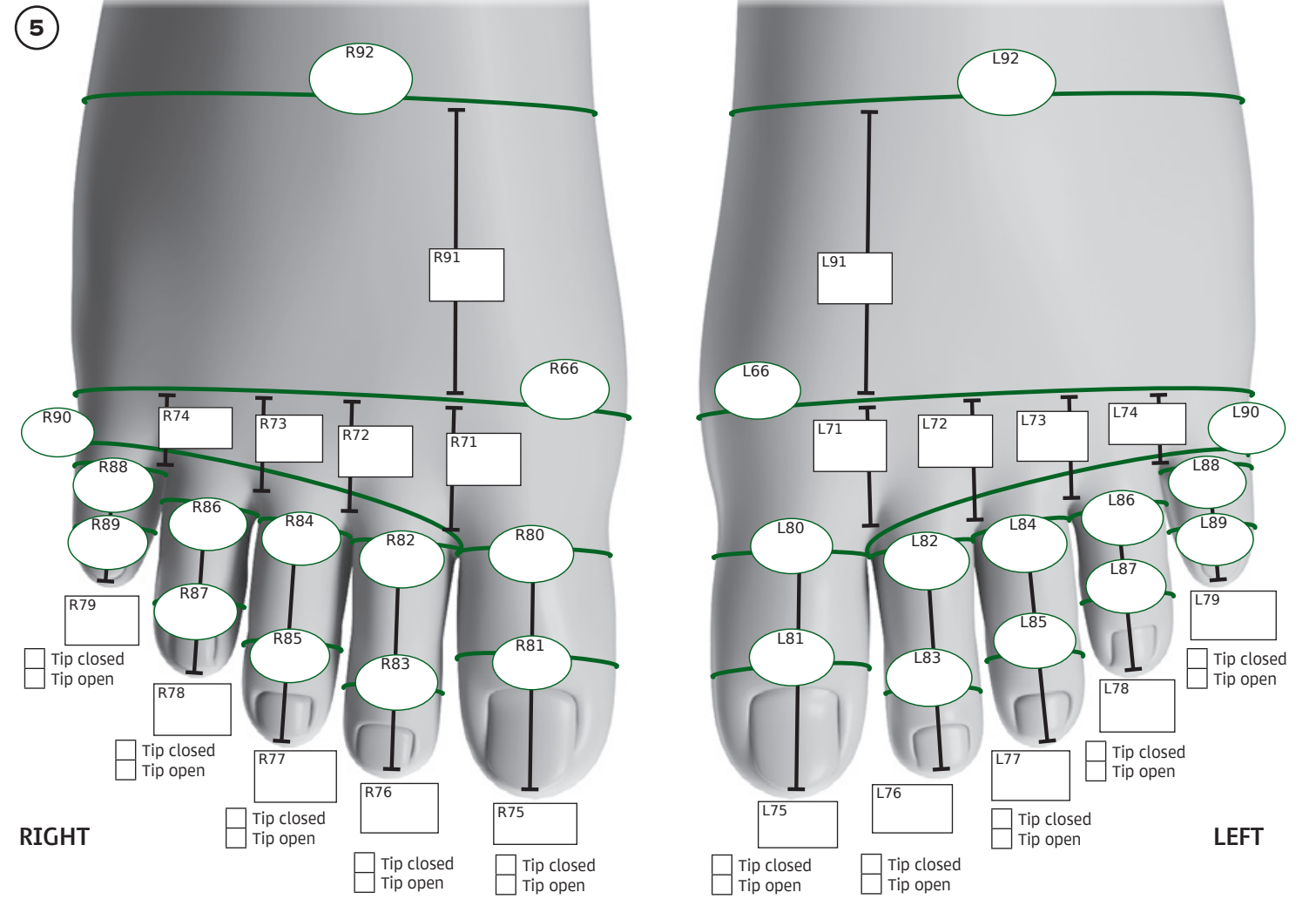
Toe sock

Tabi sock (measure 90)

Big toe sock (measure 90)

4 SEPARATE ITEM

Foot glove (measure 92)



6 SKIN

<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>COMPRESSION</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>SENSE</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>Pressure level/material: _____</p>
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7

<p>Fabric color</p> <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>Seam color</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>Emblem</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>
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our production chooses the placement of the emblem.

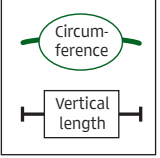
8

Fabric/pressure information: _____

Color and material details: _____

Silicone and elastane band preferences: _____

Addition details: _____

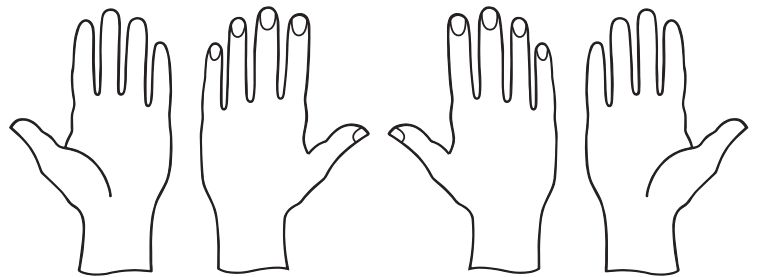
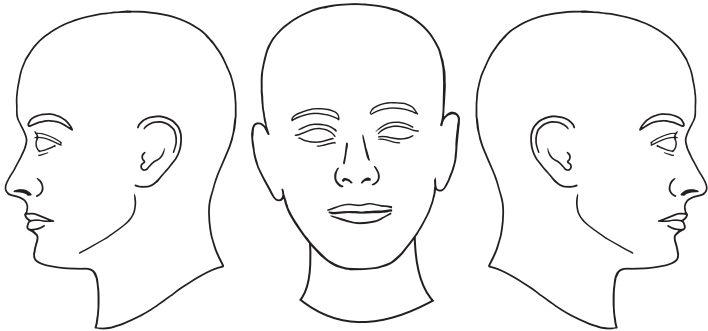
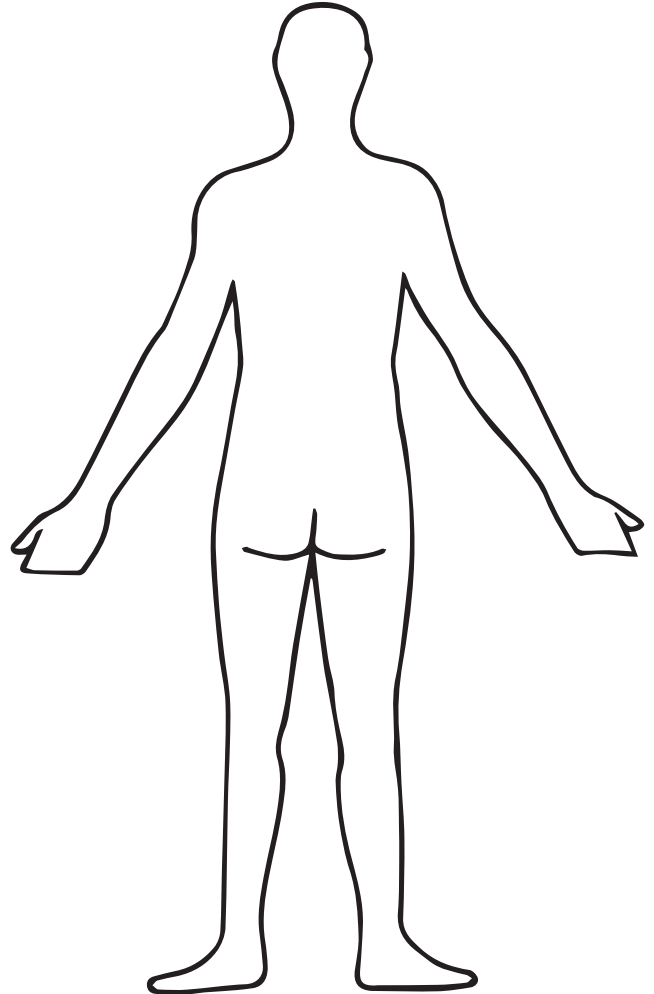
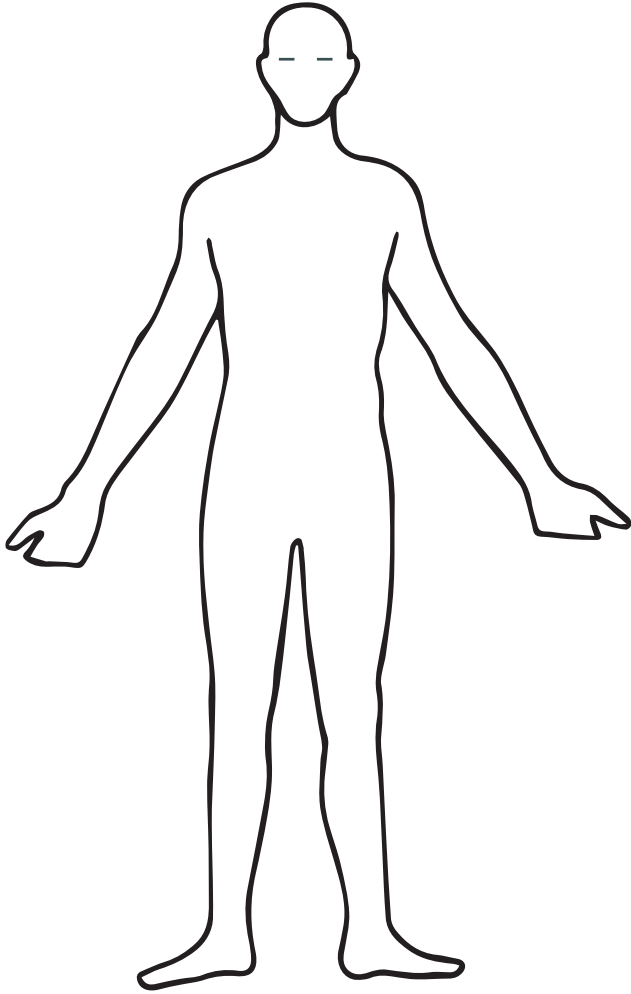


User's last names	User's first names	Date of order	Customer ref.
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The main body of the form is a large empty rectangular area intended for drawing. It is bounded by a grid of small squares, with a vertical line on the left and a horizontal line at the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

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



LEFT

RIGHT

Additional information:
