

**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	
<b>MEASURER AND PERSON PROVIDING THE PRESCRIPTION OR DEVICE SPECIFICATION</b>	
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"> <b>NB!</b> 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	<b>NB!</b> 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	<b>NB!</b> 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:									



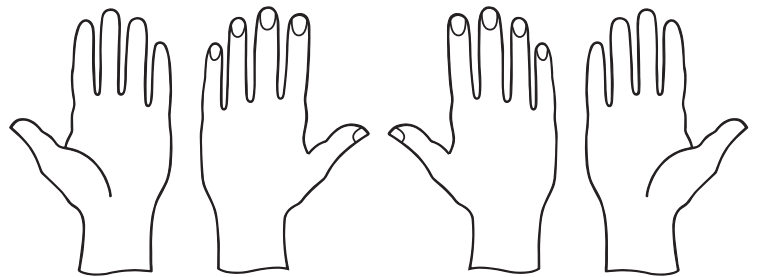
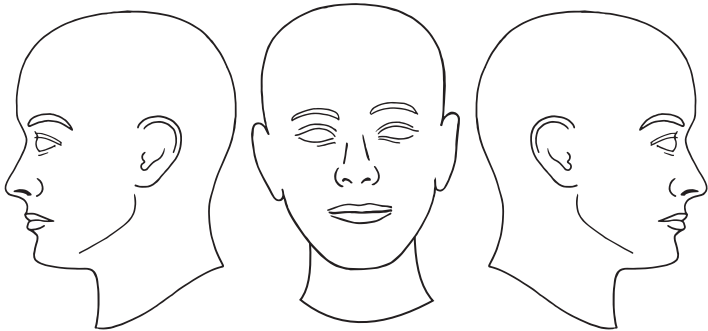
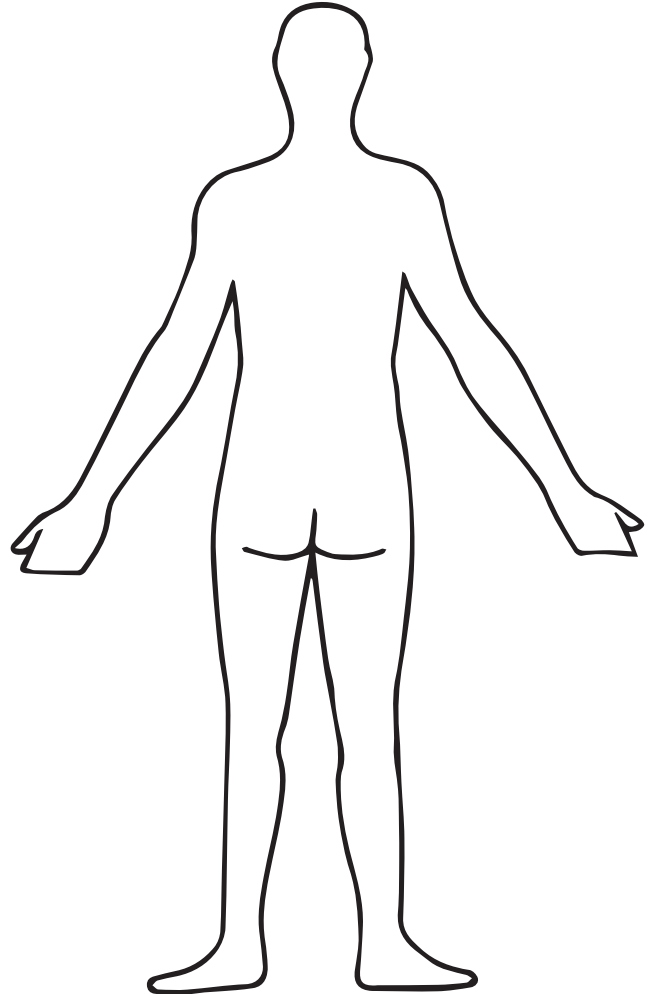
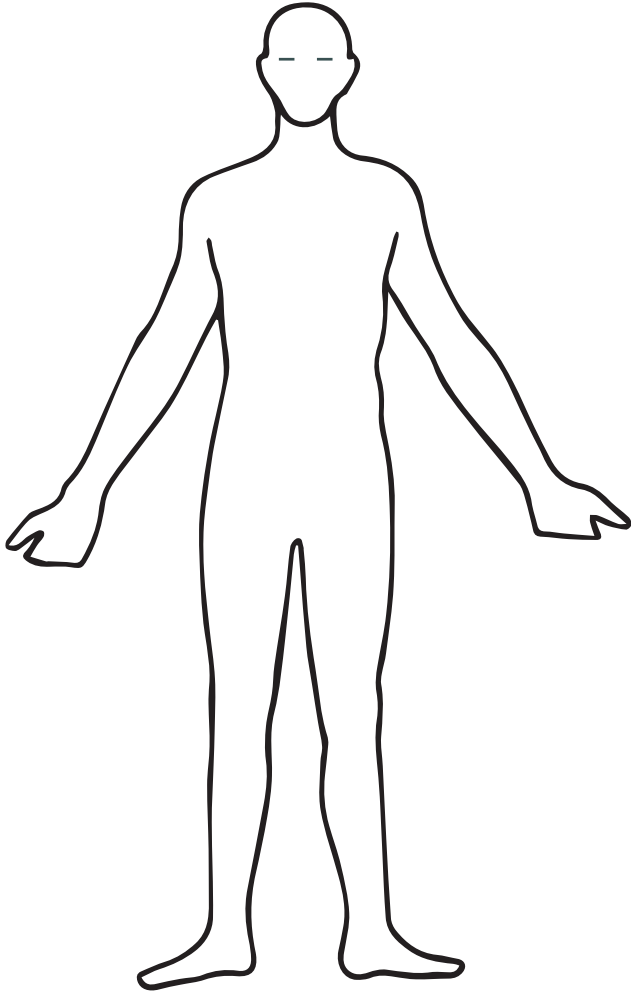


User's last names	User's first names	Date of order	Customer ref.
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The drawing area is a large empty rectangle. On the left side, there is a vertical scale with horizontal tick marks. At the bottom, there is a horizontal scale with vertical tick marks. The scales are intended for measuring the dimensions of the foot and hand outlines.

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:

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