





<b>1</b> User's last names	User's first names	Date of order	Orderer's ref.
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**2**

Short leg: worn together with a thigh-high stocking, lower pressure at the overlapping area

Long leg: worn together with an ankle stocking, lower pressure at the overlapping area

**3** **MODEL**

Pants

Stockings

**WAIST**

Normal waist

High waist

**TOES IN STOCKING**

Closed

Open

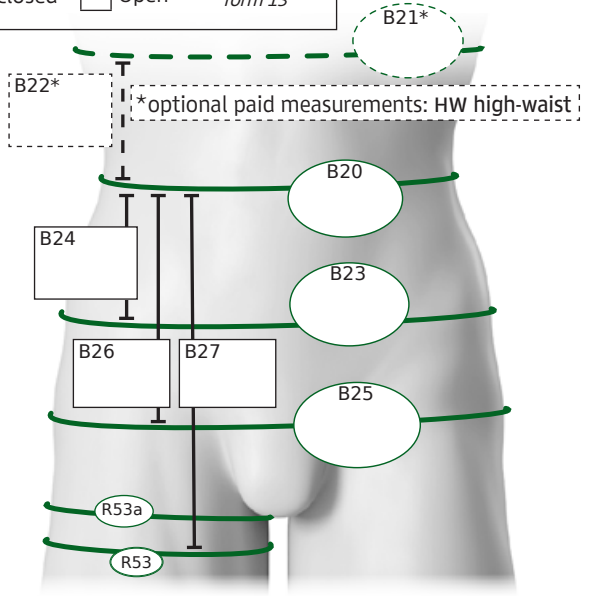
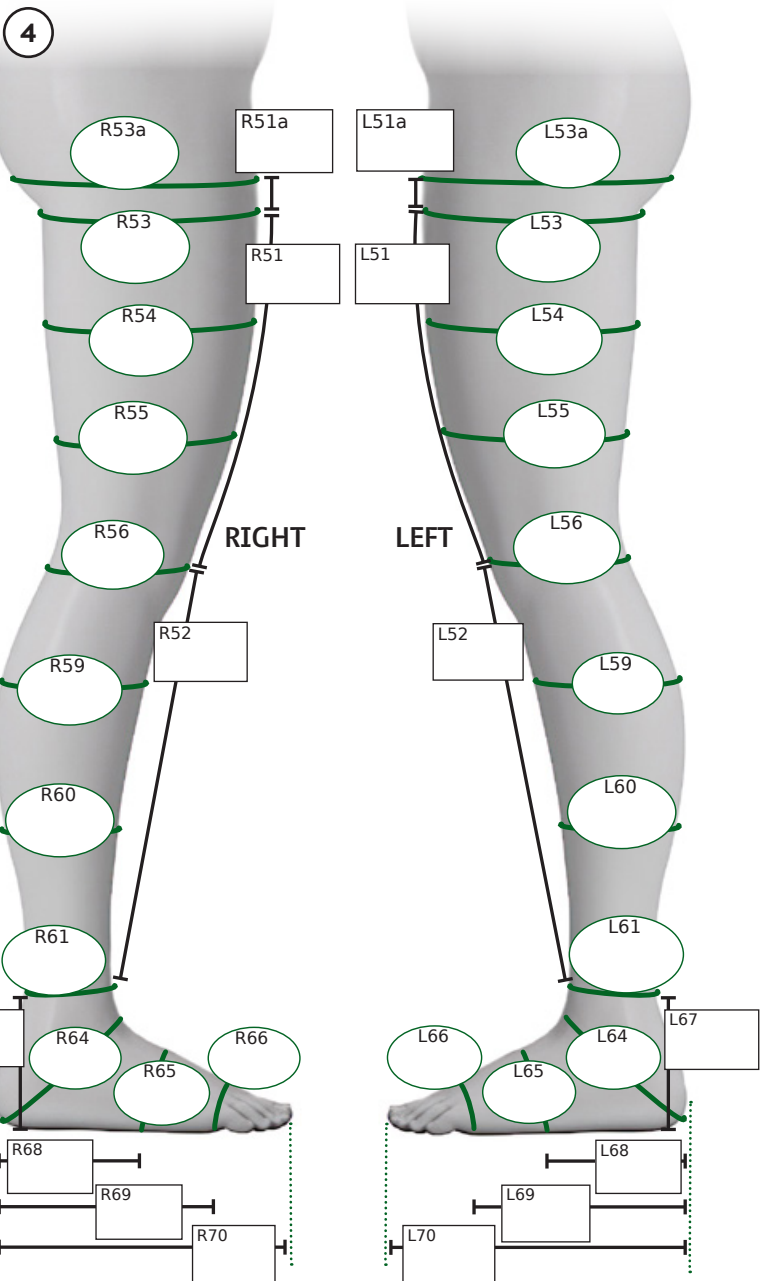
**Other**  
*fill also form 13*

**4.1**

**Paid addition:**  
**AB Pants with shoulder straps**

Additional measurement for shoulder straps

Order supplemented with an additional measurement form.



**5**

SKIN	COMPRESSION	SENSE
<b>Normal pressure level</b> <input type="checkbox"/> Strong fabric <input type="checkbox"/> Medium fabric <b>Lightened pressure level</b> <input type="checkbox"/> Strong fabric <input type="checkbox"/> Medium fabric	<b>CCL 1</b> <input type="checkbox"/> Strong fabric <input type="checkbox"/> Medium fabric <b>CCL 2</b> <input type="checkbox"/> Strong fabric <input type="checkbox"/> Medium fabric <b>CCL 3</b> <input type="checkbox"/> Strong fabric <input type="checkbox"/> Medium fabric <b>CCL 4</b> <input type="checkbox"/> Strong fabric	<b>Light pressure</b> <input type="checkbox"/> Medium fabric <input type="checkbox"/> Light fabric <input type="checkbox"/> Strong fabric <b>Medium pressure</b> <input type="checkbox"/> Medium fabric <input type="checkbox"/> Strong fabric <b>Strong pressure</b> <input type="checkbox"/> Strong fabric <input type="checkbox"/> Medium fabric <b>Other:</b> <input type="checkbox"/> Pressure level/material: _____

**6**

Genital area	Fabric color	Seam color	Emblem	Paid addition
<input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Fly <b>Diaper in use</b> <input type="checkbox"/> Yes	<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 <input type="checkbox"/> P8 Dino <input type="checkbox"/> P9 Bear <input type="checkbox"/> P10 Beetle <input type="checkbox"/> P11 Ladybug <input type="checkbox"/> P12 Turtle <input type="checkbox"/> P13 Whale <input type="checkbox"/> P14 Flower <b>Fastener*</b> <input type="checkbox"/> AZ Zipper <input type="checkbox"/> AZ2 Zipper (over 45 cm) <input type="checkbox"/> AZF Zipper with guard <input type="checkbox"/> AHZ Hooks <small>*where and what kind, write in "Addition details"</small>

Our production chooses the placement of the emblem.

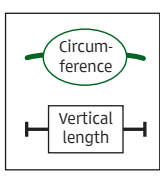
**7**

Fabric/pressure information: \_\_\_\_\_

Color and material details: \_\_\_\_\_

Silicone and elastane band preferences: \_\_\_\_\_

Addition details: \_\_\_\_\_



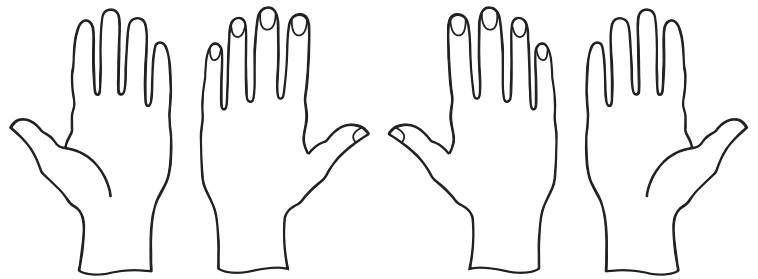
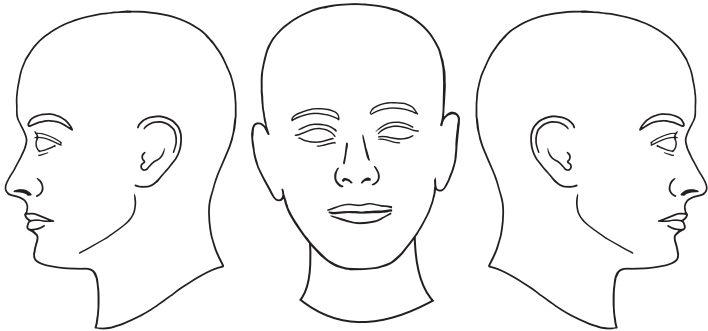
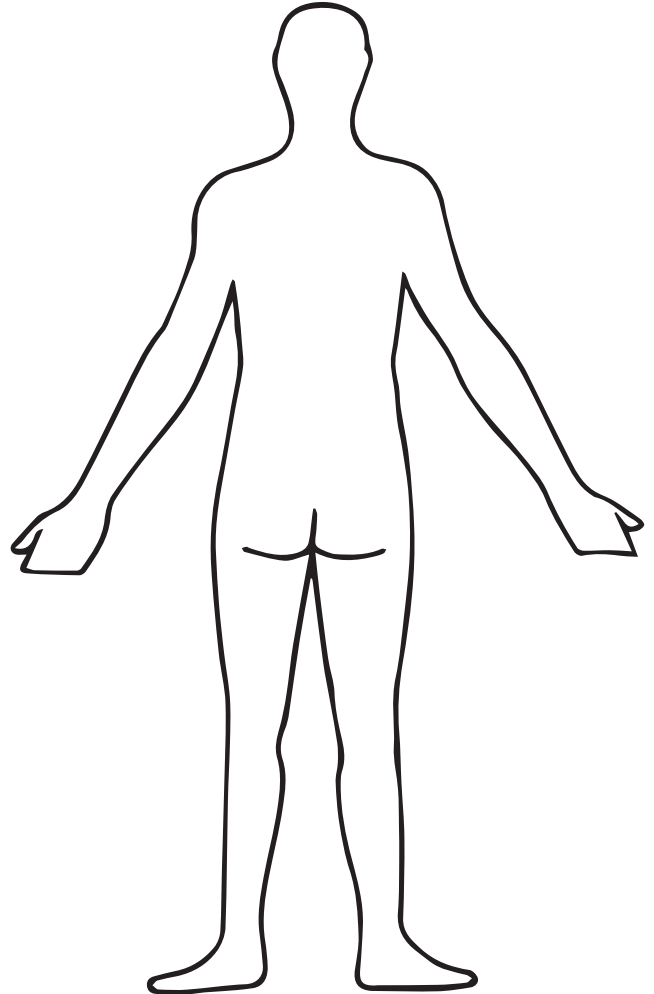
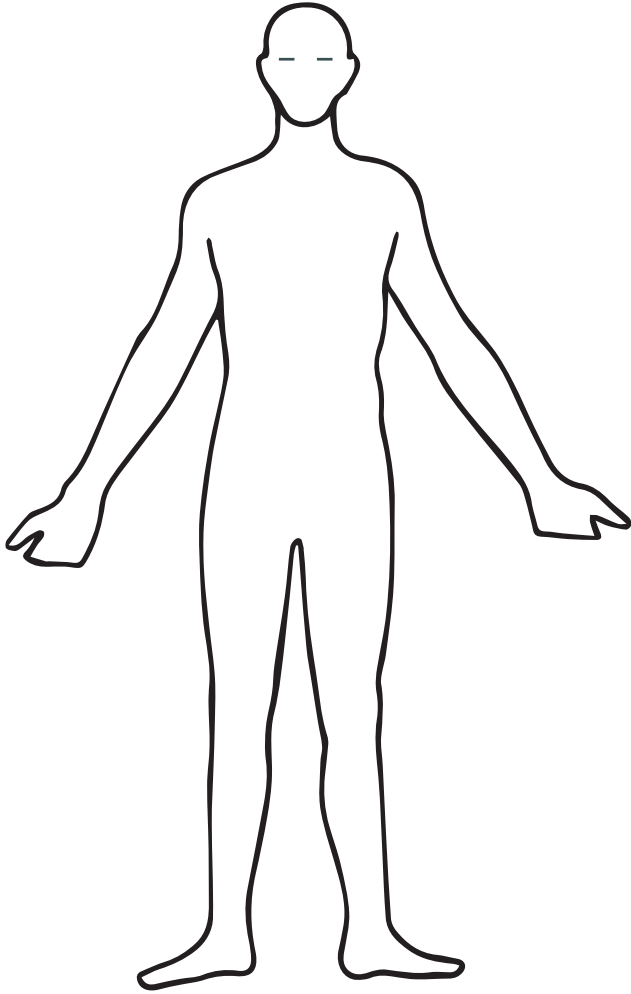


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The main body of the form is a large empty rectangular area intended for drawing outlines. It is bounded on the left and bottom by a grid. The grid on the left consists of 20 vertical lines, creating 19 columns. The grid on the bottom consists of 20 horizontal lines, creating 19 rows. The intersection of these grids forms a 19x19 grid of small squares. The drawing area itself is the large empty space within the top and right boundaries of this grid.

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



LEFT

RIGHT

Additional information:

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