



Patient _____

Date _____

Measured By _____

F0002
F0002-003 ver.04

Clinic _____

Order No _____

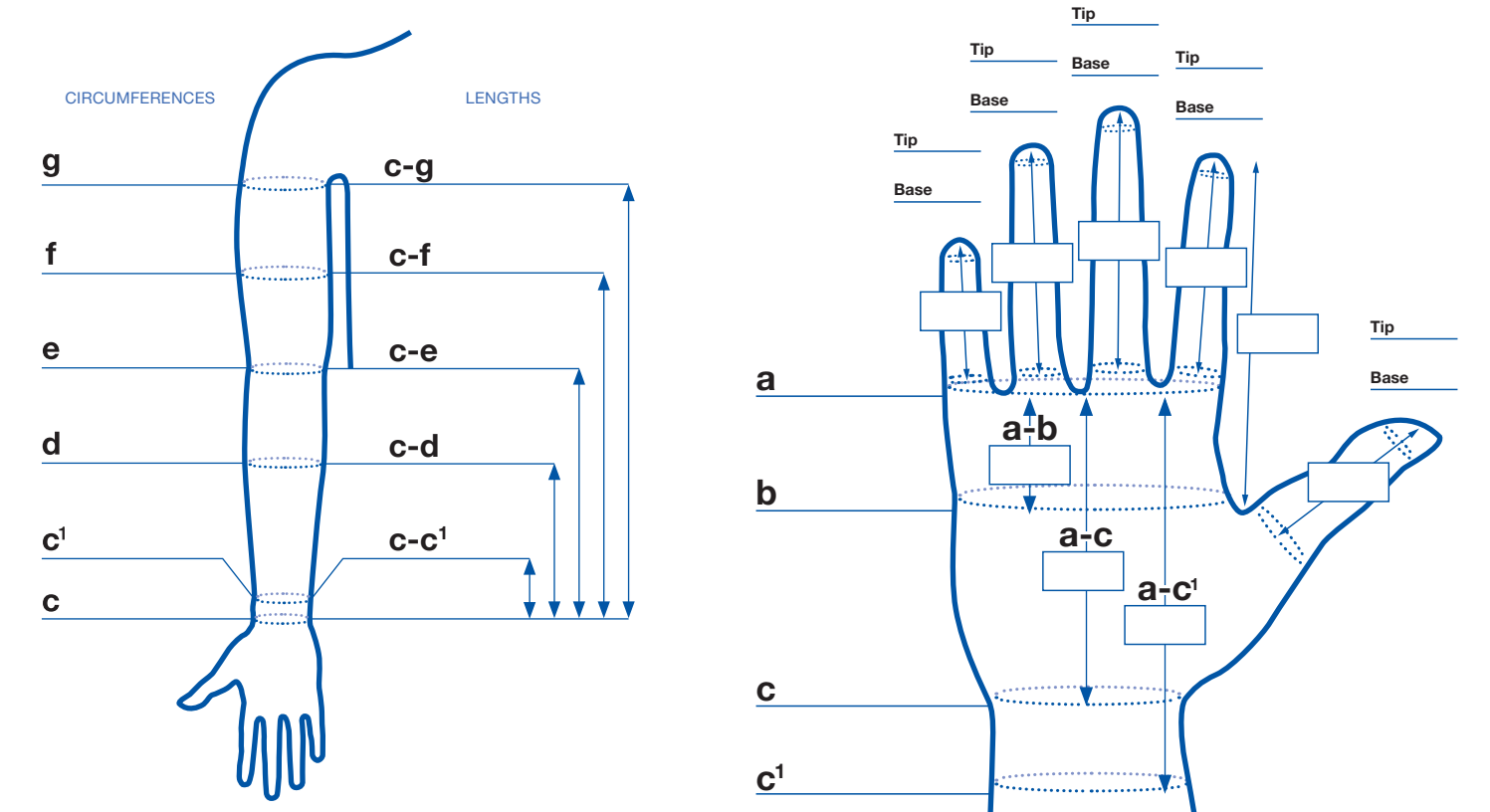
sales@hadhealth.com.au

Postcode _____

Tel / E-mail _____

Fax: +61 3 9544 5512 | Tel: +61 3 9544 5515

1 STYLE & MEASUREMENTS



2 FABRIC

3 GRIP TOP

4 COLOUR

RAL	CIRCULAR KNIT			FLAT KNIT				20-36mmHg	3cm PLAIN <input type="checkbox"/>	5cm STRONG PLAIN <input type="checkbox"/>	5cm FINE LACE <input type="checkbox"/>	5cm STRONG LACE <input type="checkbox"/>	4cm NON-SILICONE BAND <input type="checkbox"/>
	VENEX	DOKTUS	STAR COTTON	PERTEX LIGHT	PERTEX	GOLDPUNKT	MICROFINE						
CLASS 1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>									
CLASS 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>							
CLASS 3		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>							

5 QUANTITY

RIGHT

LEFT

SPECIAL OPTIONS

PADDINGS & LININGS

TYPES	TYPE _____		TYPE _____		TYPE _____	
	AT _____		AT _____		AT _____	
	HEIGHT _____		HEIGHT _____		HEIGHT _____	
	WIDTH _____		WIDTH _____		WIDTH _____	
	LEG(S) _____		LEG(S) _____		LEG(S) _____	
	FRONT <input type="checkbox"/>	BACK <input type="checkbox"/>	FRONT <input type="checkbox"/>	BACK <input type="checkbox"/>	FRONT <input type="checkbox"/>	BACK <input type="checkbox"/>
	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>

FINGERS



FASTENINGS

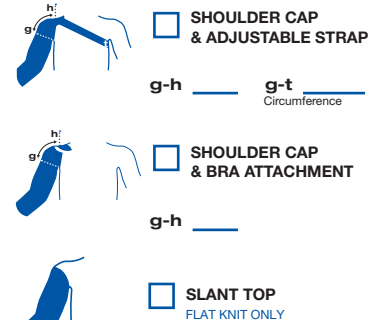
FLAT KNIT ONLY



FROM: _____ TO: _____

FRONT BACK INSIDE OUTSIDE

SLEEVE FINISHING



SHOULDER CAP & ADJUSTABLE STRAP
g-h _____ g-t _____
Circumference

SHOULDER CAP & BRA ATTACHMENT
g-h _____

SLANT TOP
FLAT KNIT ONLY

COMMENTS _____

CUSTOM-ONLINE NO.
HC _____

REPEAT NO.
M _____