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Patient

Date measured

Measured By

F0001  
F0001-003 ver.05

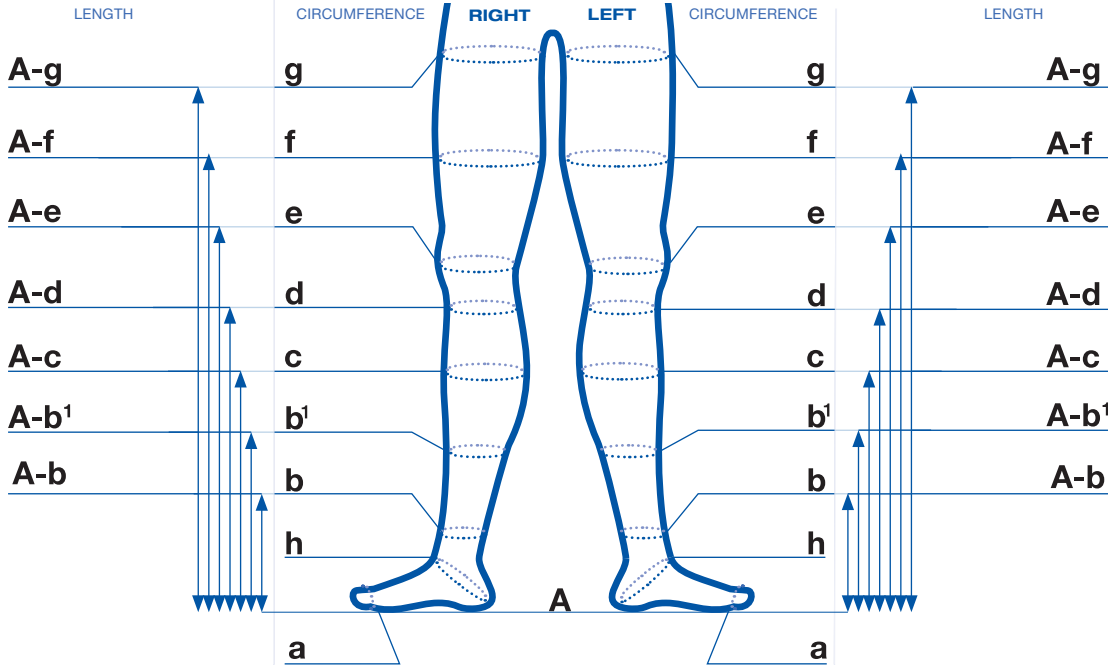
Clinic/Pharmacy

Order No

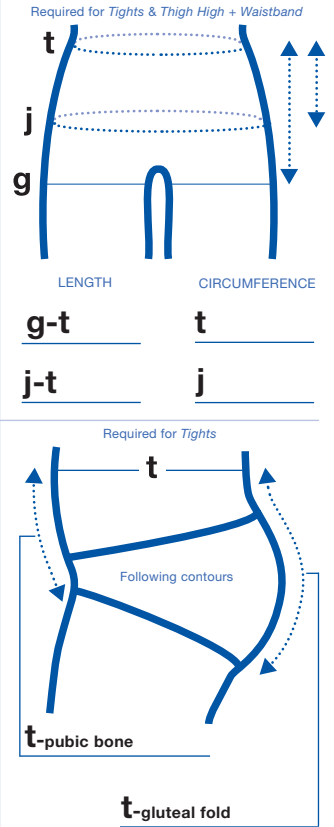
Postcode

Tel / E-mail

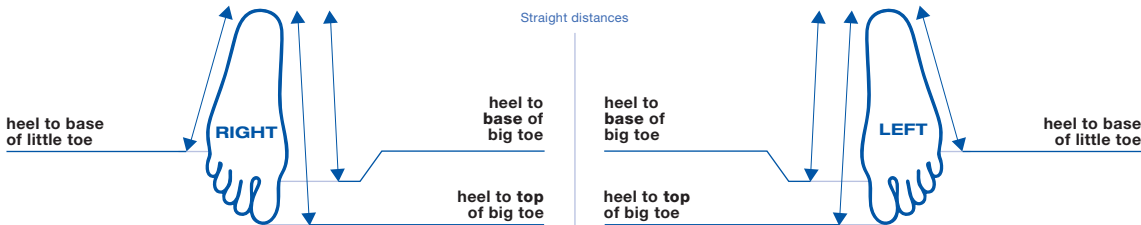
### 1 STYLE & MEASUREMENTS



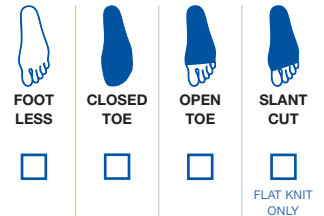
### 2 PANTY SHAPING



### 3 FOOT LENGTHS



### 4 TOE OPTIONS



### 5 FABRIC

	CIRCULAR KNIT			FLAT KNIT		
	VENI <small>NOT ON FP10</small>	DOKTUS <small>NOT ON FP10</small>	STAR COTTON <small>NOT ON FP10</small>	PERTEX LIGHT <small>15-21mmHg</small>	PERTEX	GOLDPUNKT
CLASS 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASS 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6 GRIP TOP

	FP10 CHARGE OPTION
3cm PLAIN	<input type="checkbox"/>
5cm STRONG PLAIN	<input type="checkbox"/>
5cm FINE LACE	<input type="checkbox"/>
5cm STRONG LACE	<input type="checkbox"/>
5cm² GRIP PIECES	<input type="checkbox"/>
4cm NON-SILICONE	<input type="checkbox"/>

### 7 COLOUR

### 8 QUANTITY

RIGHT LEFT TIGHTS

### SPECIAL OPTIONS

#### LININGS, POCKETS & PADS

TYPES	NOT ON FP10		
	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"/>

#### FASTENINGS

FP10 CHARGE OPTION			
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		
FROM: _____		TO: _____	
FRONT <input type="checkbox"/>	BACK <input type="checkbox"/>	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>
<b>WAISTBAND TYPE</b>			
	<input type="checkbox"/>		<input type="checkbox"/>

#### LEGS

SLANT TOP <small>FLAT KNIT ONLY</small>	<input type="checkbox"/>
"t-heel" <small>FLAT KNIT ONLY</small>	<input type="checkbox"/>
INCREASED COMPRESSION ABOVE: _____	
REDUCED COMPRESSION ABOVE: _____	
MALLEOLOUS PADS <small>FP10 CHARGE OPTION</small>	<input type="checkbox"/>
RIGHT <input type="checkbox"/>	LEFT <input type="checkbox"/>

#### PANTY SECTION

No Compression as Standard	
FULL COMPRESSION	<input type="checkbox"/>
HALF COMPRESSION	<input type="checkbox"/>
VERTICAL FLY	<input type="checkbox"/>
HORIZONTAL FLY	<input type="checkbox"/>
OPEN CROTCH	<input type="checkbox"/>
LOOSE FIT	<input type="checkbox"/>
OPEN FRONT	<input type="checkbox"/>
SOFT WAISTBAND	<input type="checkbox"/>

COMMENTS

CUSTOM-ONLINE NO.  
HC

REPEAT NO.  
M