



sales@hadhealth.com

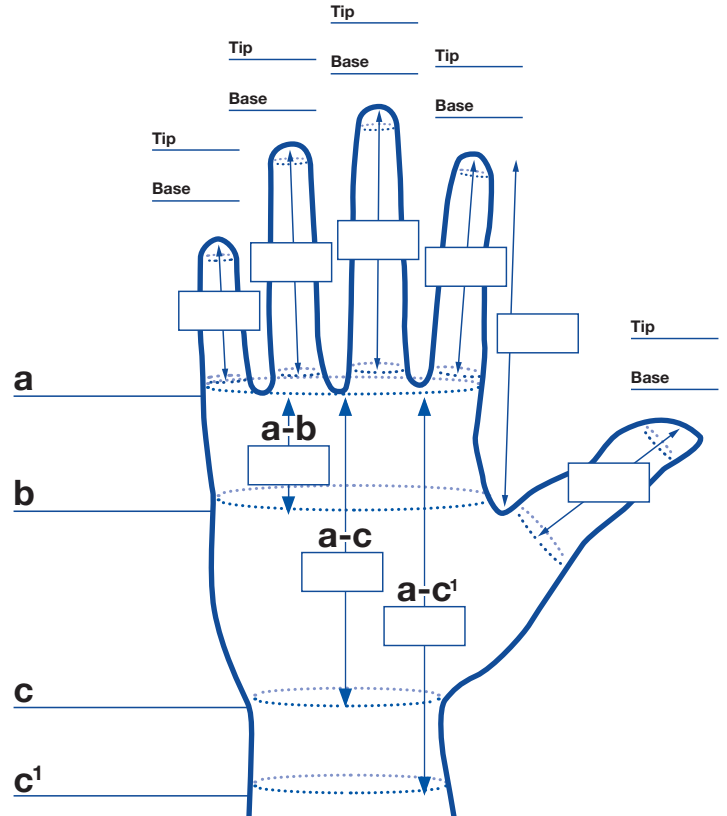
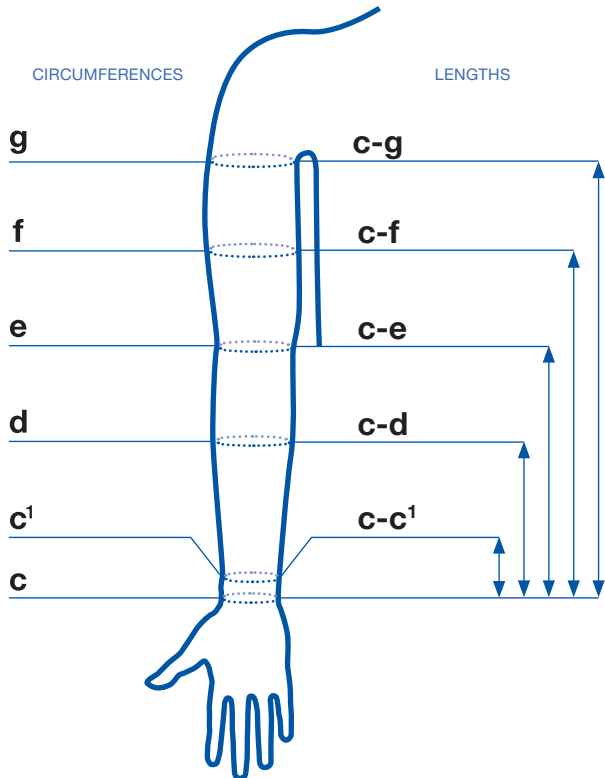
Fax: 01844 208843 | Tel: 01844 208842

Patient	Date	Measured By
Clinic/Pharmacy	Postcode	Tel / E-mail
		Order No

F0002
F0002-003 ver.02

1 STYLE & MEASUREMENTS

<p>SLEEVE</p> <input type="checkbox"/>	<p>SLEEVE WITH MITTEN WITH THUMB <input type="checkbox"/> NO THUMB <input type="checkbox"/></p>	<p>SLEEVE WITH GLOVE</p> <input type="checkbox"/> <p>FLAT KNIT ONLY</p>	<p>MITTEN WITH THUMB <input type="checkbox"/> NO THUMB <input type="checkbox"/></p>	<p>GLOVE</p> <input type="checkbox"/> <p>FLAT KNIT ONLY</p>	<p>GLOVE TO ELBOW</p> <input type="checkbox"/> <p>FLAT KNIT ONLY</p>
---	--	--	--	--	---



2 FABRIC

	CIRCULAR KNIT			FLAT KNIT			
RAL	VENEX NOT ON FP10	DOKTUS NOT ON FP10	STAR COTTON NOT ON FP10	PERTEX LIGHT	PERTEX	GOLDPUNKT	MICROFINE NOT ON FP10
CLASS 1	<input type="checkbox"/>	<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"/>	20-36mmHg <input type="checkbox"/>
CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 GRIP TOP

FP10 CHARGE OPTION

3cm PLAIN

5cm STRONG PLAIN

5cm FINE LACE

5cm STRONG LACE

4cm NON-SILICONE BAND

4 COLOUR

5 QUANTITY

RIGHT LEFT

SPECIAL OPTIONS

PADDINGS & LININGS

NOT ON FP10

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"/>
INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>

FINGERS

CLOSED FINGERS

FASTENINGS

ZIP FP10 CHARGE OPTION	VELCRO FASTENING NOT ON FP10	VELCRO STRAPS NOT ON FP10
<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"/>

SLEEVE FINISHING

FLAT KNIT ONLY

	<input type="checkbox"/> SHOULDER CAP & ADJUSTABLE STRAP FP10 CHARGE OPTION
g-h _____	g-t _____ Circumference
	<input type="checkbox"/> SHOULDER CAP & BRA ATTACHMENT FP10 CHARGE OPTION
g-h _____	
	<input type="checkbox"/> SLANT TOP

COMMENTS

CUSTOM-ONLINE NO.
HC

REPEAT NO.
M