

Last names	
First names	
Date of birth / ID number	<input type="checkbox"/> Adult <input type="checkbox"/> Child (<13 y)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third gender
<input type="checkbox"/> New customer <input type="checkbox"/> Reorder without changes <input type="checkbox"/> Reorder with changes <input type="checkbox"/> Repair	

Date of order	Customer n° (filled in by Lymed)
Measurer / Contact person	
Phone n° / email	
Name of the hospital / medical center / care unit	
Name of the distributor / country	
Order n° of the distributor (filled in by the distributor)	

### APPLICATION

#### SKIN | GARMENTS FOR SCAR TREATMENT

- Normal pressure level
- Lightened pressure level

#### COMPRESSION | MEDICAL COMPRESSION GARMENTS

Diagnosis: \_\_\_\_\_

- 1. CCL
- 2. CCL
- 3. CCL
- 4. CCL

#### SENSE | SUPPORTING GARMENTS FOR THERAPY

- Hypotonia or other causes of muscular debility
- Spasticity, Parkinson or other causes of motoric disorder
- ADHD / ADD
- Autism
- Cerebral palsy
- Erb's palsy or Serratus anterior palsy (inc. wash bag)
  - right  left
- CRPS or other pain syndrome
  - light pressure  medium pressure  strong pressure
  - (If symptoms include edema, please order compression garment )
- Ehlers-Danlos syndrome (EDS)
  - light pressure  medium pressure  strong pressure
  - (If symptoms include edema, please order compression garment)
- Other: \_\_\_\_\_

#### INTERIM & LIGHT | LIGHT PRESSURE GARMENTS

- Scar treatment

#### POST-OPERATION | POST-OPERATIONAL GARMENTS

- Surgical aftercare

#### WELL-BEING | PRESSURE GARMENTS FOR WELLNESS AND HEALTH

- Combination of even pressure and light compression

### MODEL

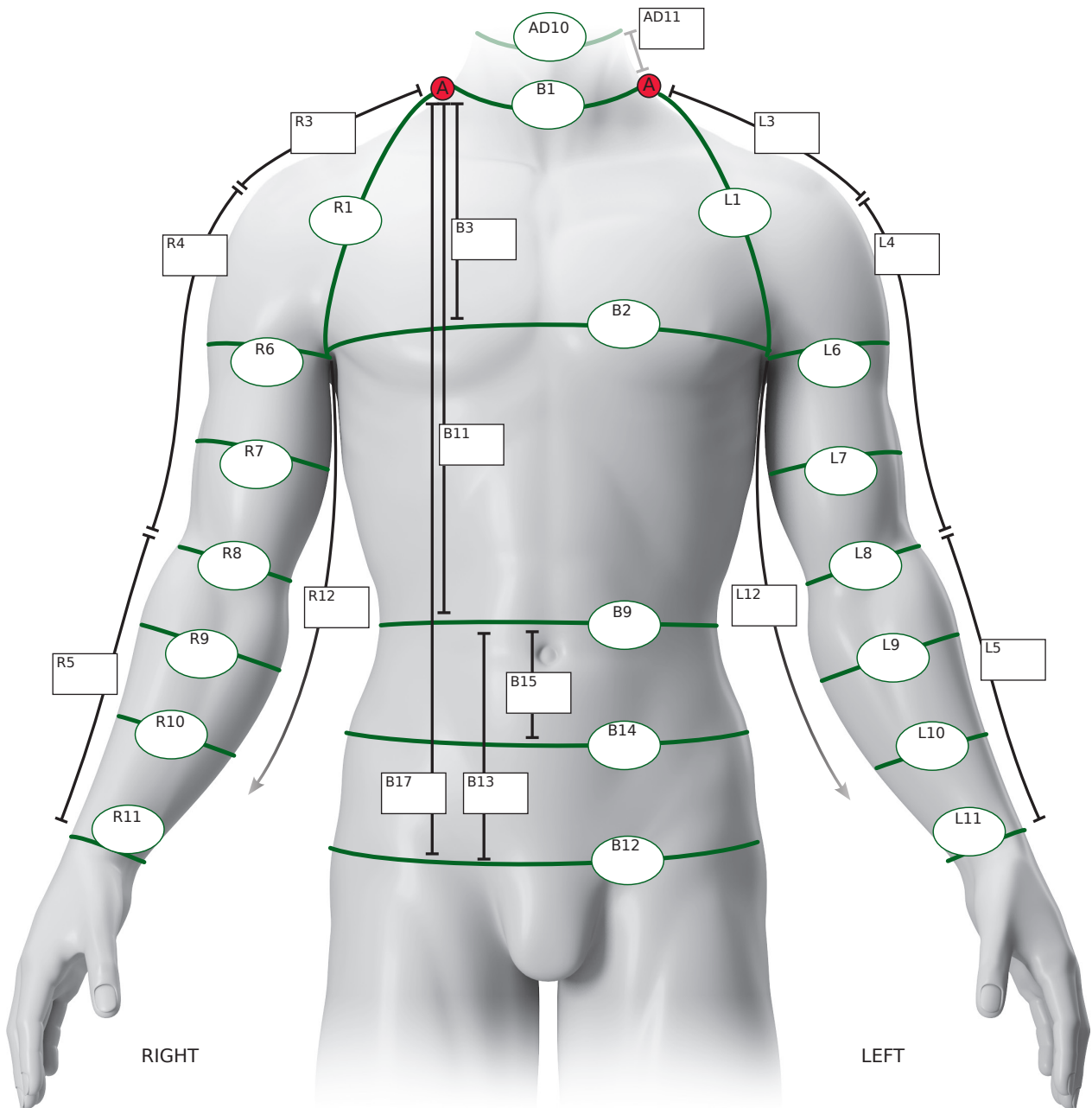
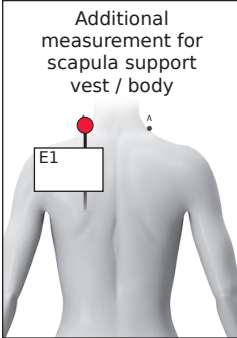
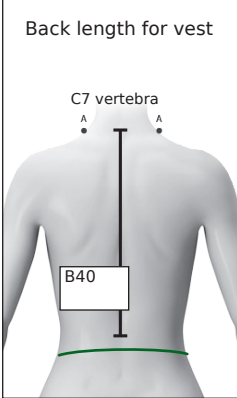
PRODUCT	PRODUCT n°	PCS
Vest	_____	_____
Sleeve	_____	_____
Glove	_____	_____
Sleeve glove	_____	_____
Sock	_____	_____
Body	_____	_____
Pants	_____	_____
Leg	_____	_____
Headpiece	_____	_____
Other	_____	_____

#### Additional information

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

Vest is used together with a sleeve/glove



<b>Material</b> <input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<b>Fabric color</b> <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<b>Seam color</b> <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown <input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<b>Emblem</b> <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird <input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy	<input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	<b>Fastener</b> <input type="checkbox"/> zipper <input type="checkbox"/> hooks <input type="checkbox"/> front <input type="checkbox"/> back  <b>Zipper color</b> <input type="checkbox"/> seam color <input type="checkbox"/> fabric color
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**WELL-BEING product options:**

**Product color**

01 beige  
 02 black  
 03 white  
 04 grey  
 05 blue  
 06 red  
 07 brown

Additional information

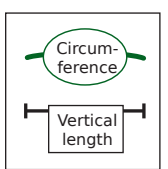
---



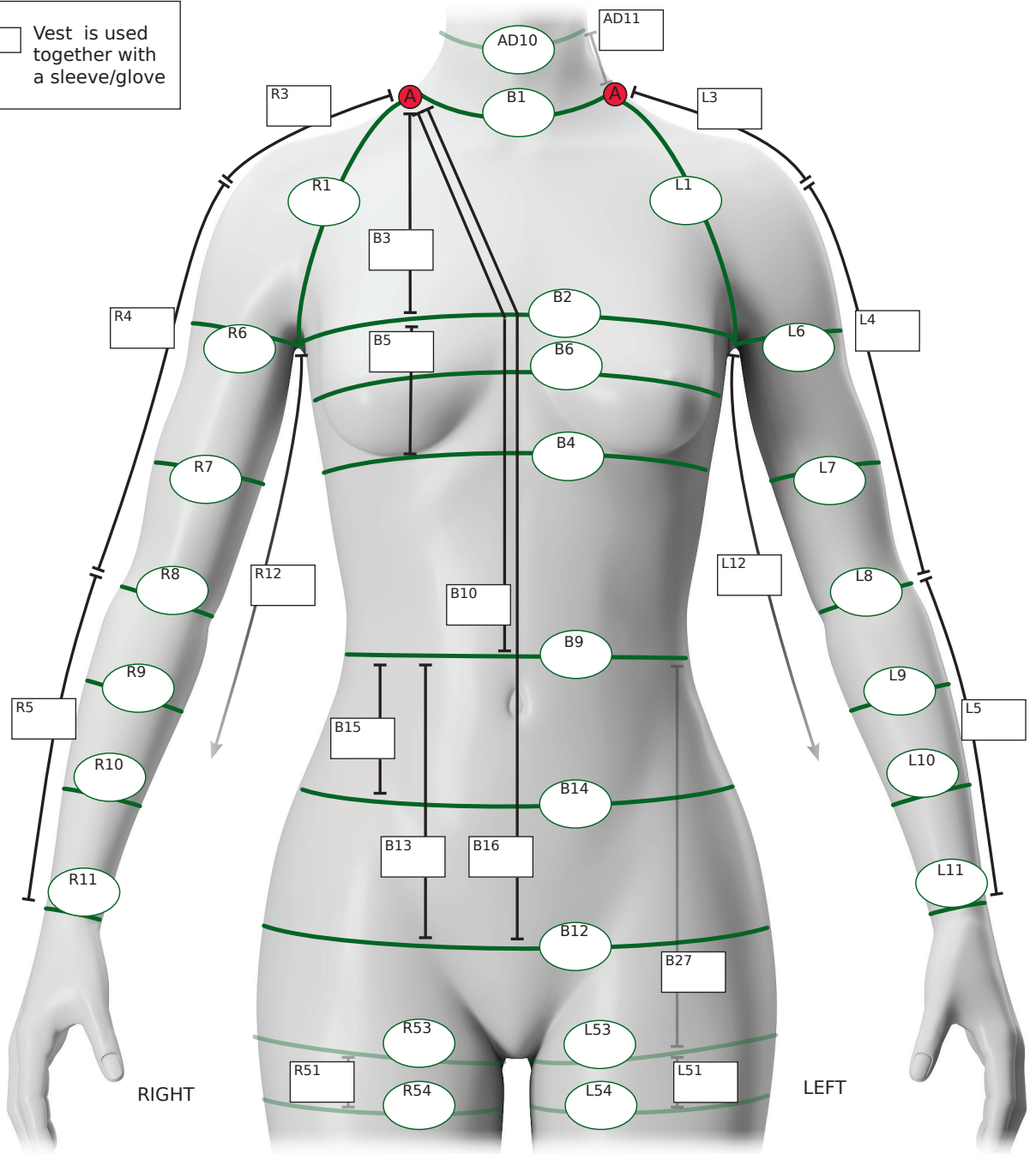
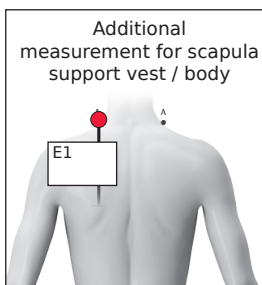
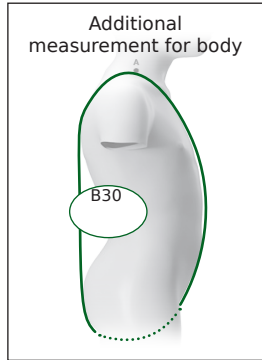
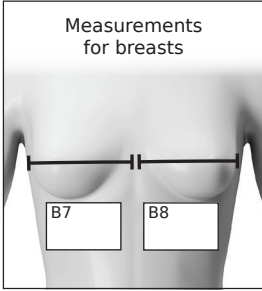
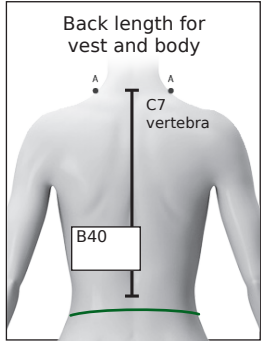
---



---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------



<b>Material</b> <input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<b>Fabric color</b> <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<b>Seam color</b> <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown <input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<b>Emblem</b> <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird <input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy	<input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	<b>Fastener</b> <input type="checkbox"/> zipper <input type="checkbox"/> hooks <input type="checkbox"/> front <input type="checkbox"/> back  <b>Zipper color</b> <input type="checkbox"/> seam color <input type="checkbox"/> fabric color	<b>Diaper</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

**WELL-BEING product options:**

**Product color**

<input type="checkbox"/> 01 beige
<input type="checkbox"/> 02 black
<input type="checkbox"/> 03 white
<input type="checkbox"/> 04 grey
<input type="checkbox"/> 05 blue
<input type="checkbox"/> 06 red
<input type="checkbox"/> 07 brown

Additional information

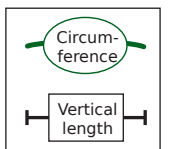
---



---

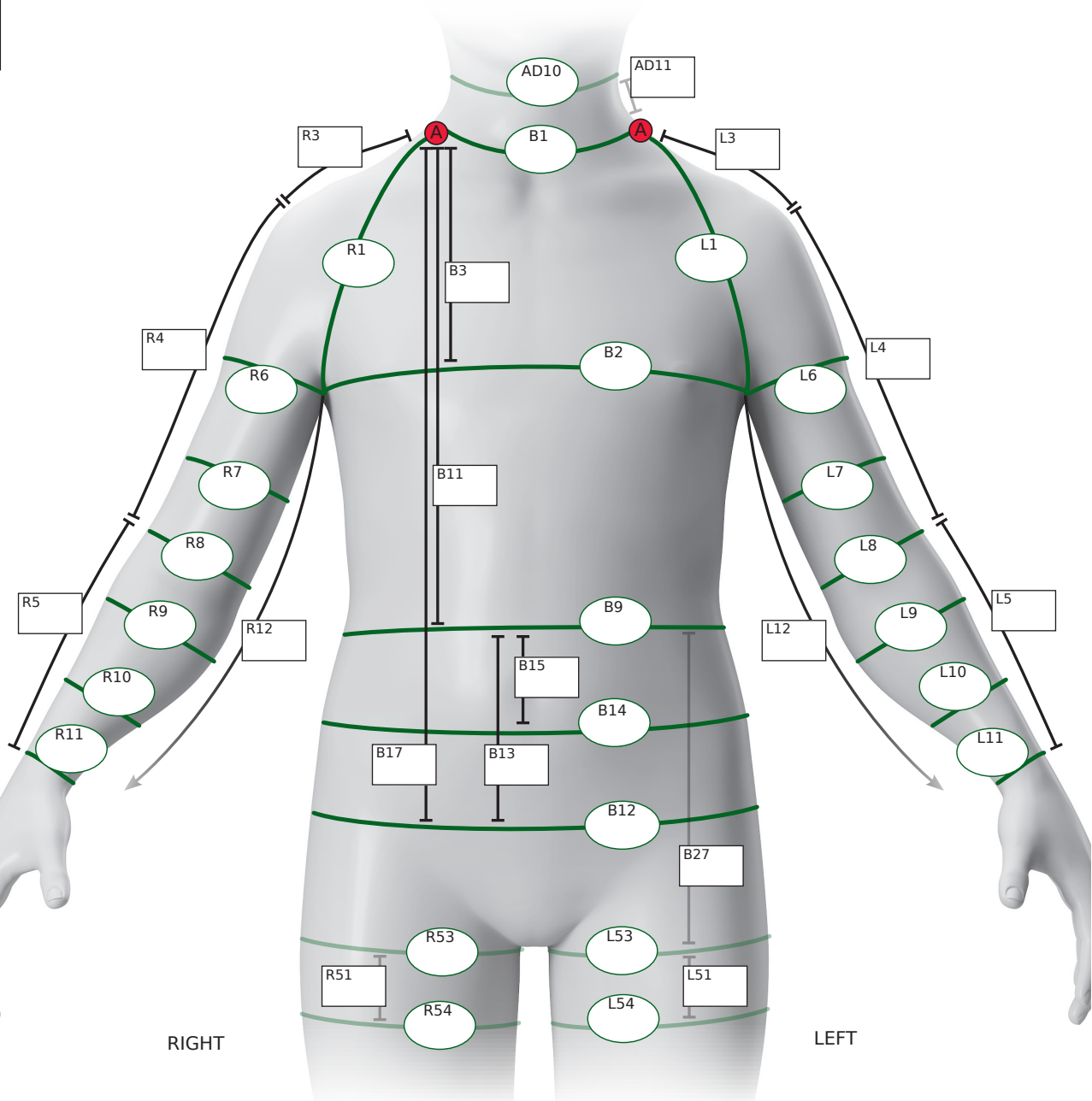
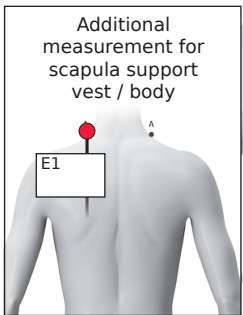
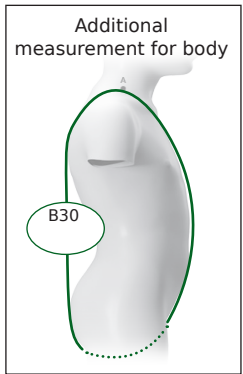
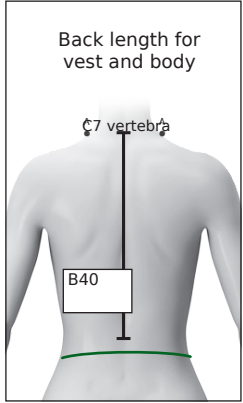


---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

Vest is used together with a sleeve/glove



<b>Material</b> <input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<b>Fabric color</b> <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<b>Seam color</b> <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown	<input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<b>Emblem</b> <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird	<input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	<b>Fastener</b> <input type="checkbox"/> zipper <input type="checkbox"/> hooks <input type="checkbox"/> front <input type="checkbox"/> back	<b>Zipper color</b> <input type="checkbox"/> seam color <input type="checkbox"/> fabric color	<b>Diaper</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Additional information

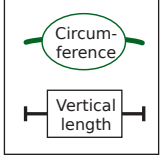
---



---



---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

Sleeve is used together with a glove

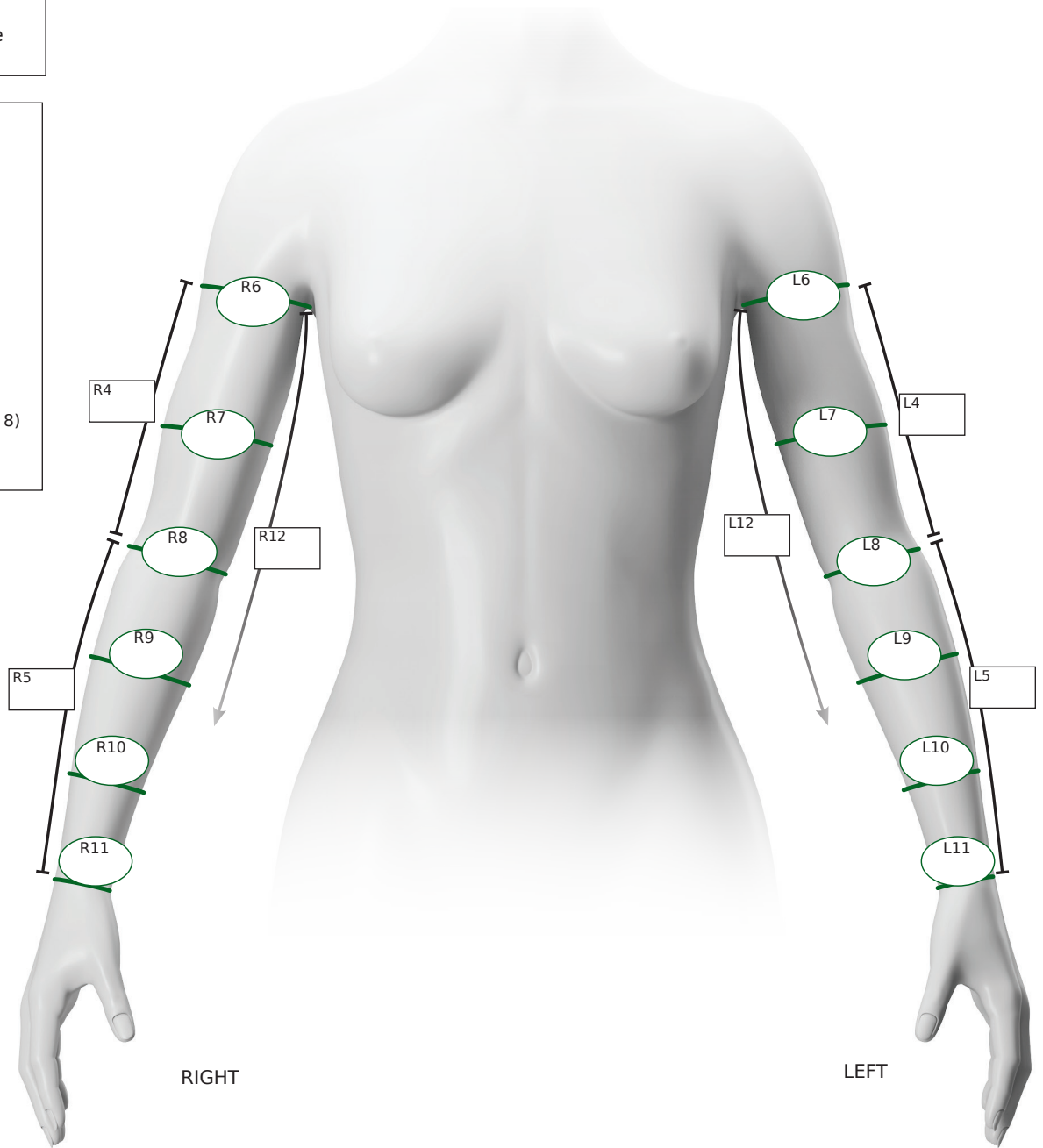
**SIDE**

Right  
 Left

**MODEL**

Sleeve

Sleeve glove  
(fill also form 8)



<b>Material</b>	<b>Fabric color</b>	<b>Seam color</b>	<b>Emblem</b>
<input type="checkbox"/> P91	<input type="checkbox"/> 01 beige	<input type="checkbox"/> B1 beige	<input type="checkbox"/> A. ladybird
<input type="checkbox"/> P07	<input type="checkbox"/> 02 black	<input type="checkbox"/> B2 black	<input type="checkbox"/> B. frog
<input type="checkbox"/> P50	<input type="checkbox"/> 03 white	<input type="checkbox"/> B3 white	<input type="checkbox"/> C. fly
	<input type="checkbox"/> 04 grey	<input type="checkbox"/> B4 grey	<input type="checkbox"/> D. car
	<input type="checkbox"/> 05 blue	<input type="checkbox"/> B5 blue	<input type="checkbox"/> E. skull
	<input type="checkbox"/> 06 red	<input type="checkbox"/> B6 red	<input type="checkbox"/> F. football
	<input type="checkbox"/> 07 brown	<input type="checkbox"/> B7 brown	<input type="checkbox"/> G. bird
		<input type="checkbox"/> B8 pink	<input type="checkbox"/> H. cat
		<input type="checkbox"/> B9 green	<input type="checkbox"/> I. dog
		<input type="checkbox"/> B10 orange	<input type="checkbox"/> J. butterfly
		<input type="checkbox"/> B11 yellow	<input type="checkbox"/> K. flower
		<input type="checkbox"/> B12 light blue	<input type="checkbox"/> L. candy
			<input type="checkbox"/> M. teddy
			<input type="checkbox"/> N. lizard

---

---

---

---

---

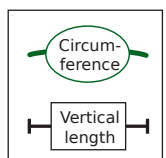
---

Additional information

---

---

---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

Sleeve is used together with a glove

**SIDE**

Right  
 Left

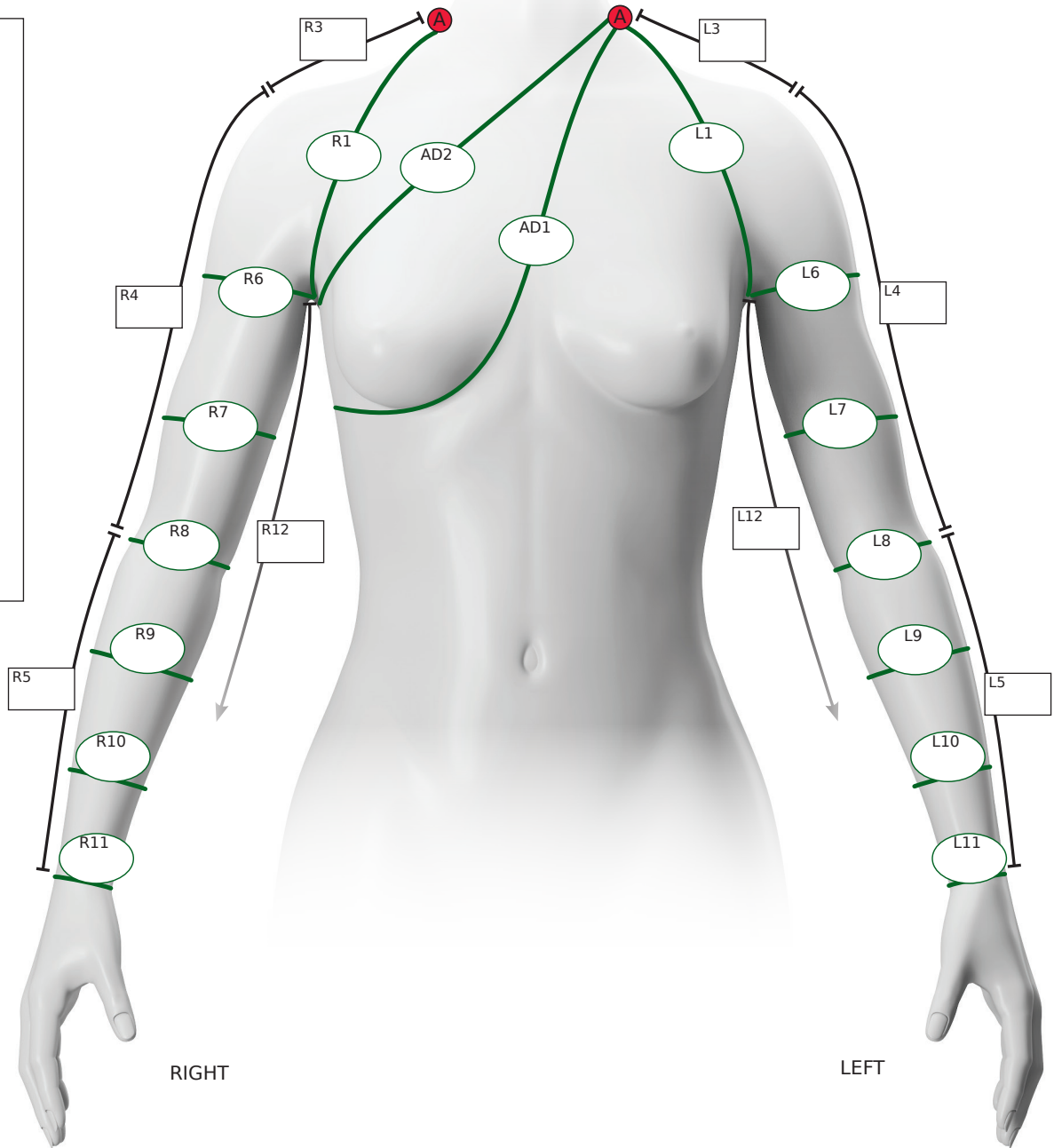
**MODEL**

Sleeve Model 1 (AD1)

Sleeve glove Model 1 (AD1)  
(fill also form 8)

Sleeve Model 2 (AD2)

Sleeve glove Model 2 (AD2)  
(fill also form 8)



Material	Fabric color	Seam color	Emblem
<input type="checkbox"/> P91	<input type="checkbox"/> 01 beige	<input type="checkbox"/> B1 beige	<input type="checkbox"/> A. ladybird
<input type="checkbox"/> P07	<input type="checkbox"/> 02 black	<input type="checkbox"/> B2 black	<input type="checkbox"/> B. frog
<input type="checkbox"/> P50	<input type="checkbox"/> 03 white	<input type="checkbox"/> B3 white	<input type="checkbox"/> C. fly
	<input type="checkbox"/> 04 grey	<input type="checkbox"/> B4 grey	<input type="checkbox"/> D. car
	<input type="checkbox"/> 05 blue	<input type="checkbox"/> B5 blue	<input type="checkbox"/> E. skull
	<input type="checkbox"/> 06 red	<input type="checkbox"/> B6 red	<input type="checkbox"/> F. football
	<input type="checkbox"/> 07 brown	<input type="checkbox"/> B7 brown	<input type="checkbox"/> G. bird
		<input type="checkbox"/> B8 pink	<input type="checkbox"/> H. cat
		<input type="checkbox"/> B9 green	<input type="checkbox"/> I. dog
		<input type="checkbox"/> B10 orange	<input type="checkbox"/> J. butterfly
		<input type="checkbox"/> B11 yellow	<input type="checkbox"/> K. flower
		<input type="checkbox"/> B12 light blue	<input type="checkbox"/> L. candy
			<input type="checkbox"/> M. teddy
			<input type="checkbox"/> N. lizard

---



---



---



---



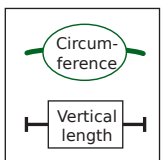
---

Additional information

---



---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

Sleeve is used together with a glove

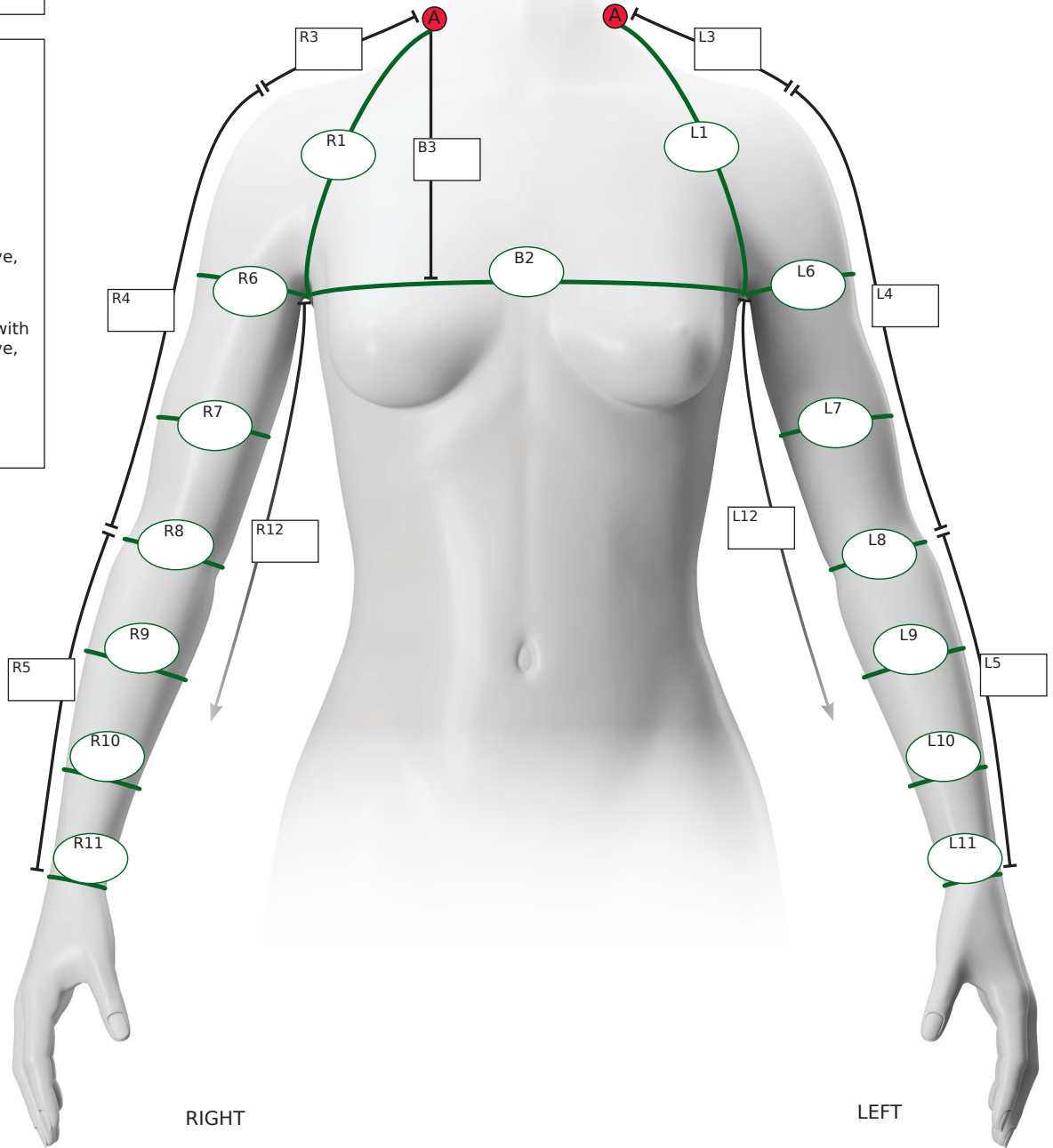
**SIDE**

Right  
 Left

**MODEL**

Sleeve with opposite sleeve, Model 3

Sleeve glove with opposite sleeve, Model 3 (fill also form 8)



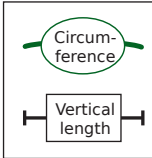
<b>Material</b>	<b>Fabric color</b>	<b>Seam color</b>	<b>Emblem</b>	<b>Fastener</b>	<b>Zipper color</b>
<input type="checkbox"/> P91	<input type="checkbox"/> 01 beige	<input type="checkbox"/> B1 beige	<input type="checkbox"/> A. ladybird	<input type="checkbox"/> zipper	<input type="checkbox"/> seam color
<input type="checkbox"/> P07	<input type="checkbox"/> 02 black	<input type="checkbox"/> B2 black	<input type="checkbox"/> B. frog	<input type="checkbox"/> hooks	<input type="checkbox"/> fabric color
<input type="checkbox"/> P50	<input type="checkbox"/> 03 white	<input type="checkbox"/> B3 white	<input type="checkbox"/> C. fly	<input type="checkbox"/> front	
	<input type="checkbox"/> 04 grey	<input type="checkbox"/> B4 grey	<input type="checkbox"/> D. car	<input type="checkbox"/> back	
	<input type="checkbox"/> 05 blue	<input type="checkbox"/> B5 blue	<input type="checkbox"/> E. skull		
	<input type="checkbox"/> 06 red	<input type="checkbox"/> B6 red	<input type="checkbox"/> F. football		
	<input type="checkbox"/> 07 brown	<input type="checkbox"/> B7 brown	<input type="checkbox"/> G. bird		
		<input type="checkbox"/> B8 pink			
		<input type="checkbox"/> B9 green			
		<input type="checkbox"/> B10 orange			
		<input type="checkbox"/> B11 yellow			
		<input type="checkbox"/> B12 light blue			
			<input type="checkbox"/> H. cat		
			<input type="checkbox"/> I. dog		
			<input type="checkbox"/> J. butterfly		
			<input type="checkbox"/> K. flower		
			<input type="checkbox"/> L. candy		
			<input type="checkbox"/> M. teddy		
			<input type="checkbox"/> N. lizard		

Additional information

---

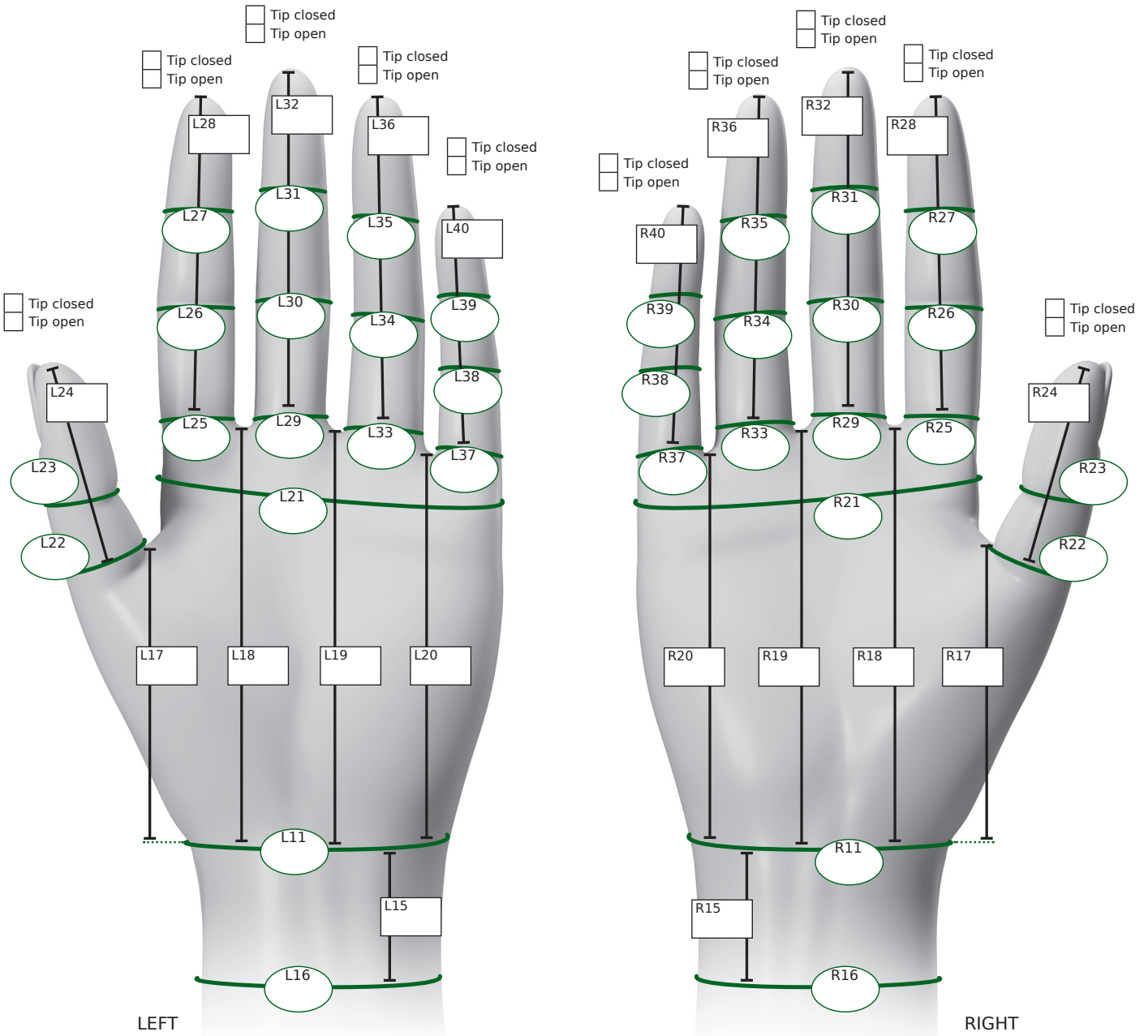


---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

Glove is used together with a sleeve or a vest



<b>Material</b> <input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<b>Fabric color</b> <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<b>Seam color</b> <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown	<input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<b>Emblem</b> <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird	<input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	<b>Fastener</b> <input type="checkbox"/> zipper <input type="checkbox"/> +guard <small>Where and what kind, write in "additional information"</small>	<b>Zipper color</b> <input type="checkbox"/> seam color <input type="checkbox"/> fabric color
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

Additional information

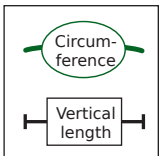
---



---



---





Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

**MODEL**

Pants

Pants with shoulder straps

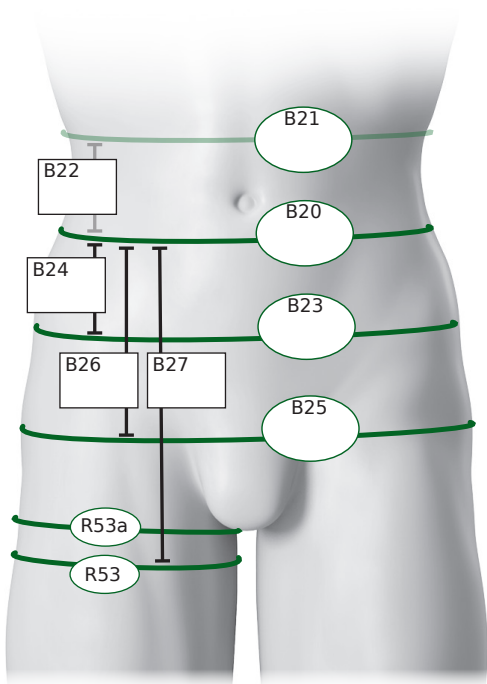
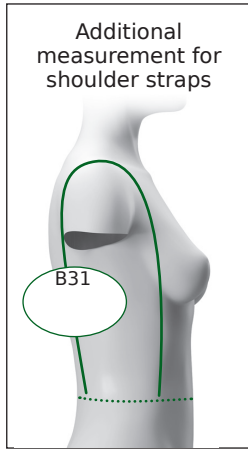
Stockings

**TOES IN STOCKINGS**

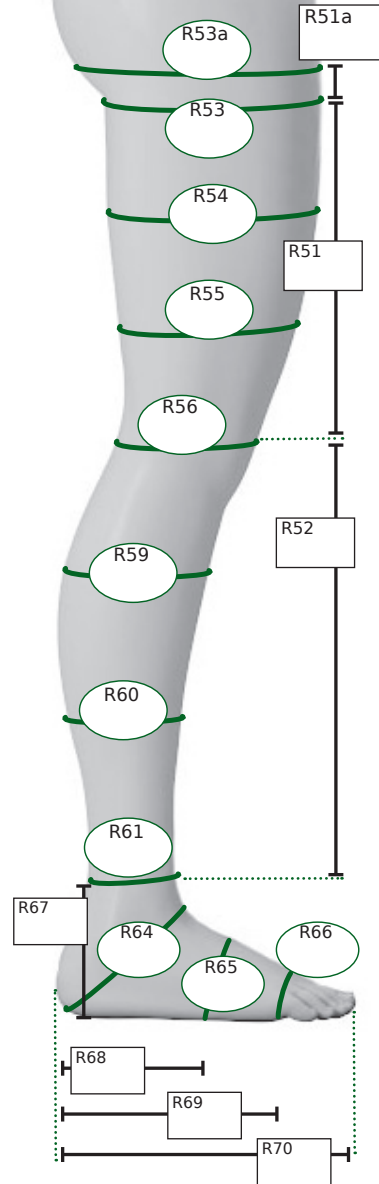
Closed  
(fill also form 11)

Open  
(fill also form 11)

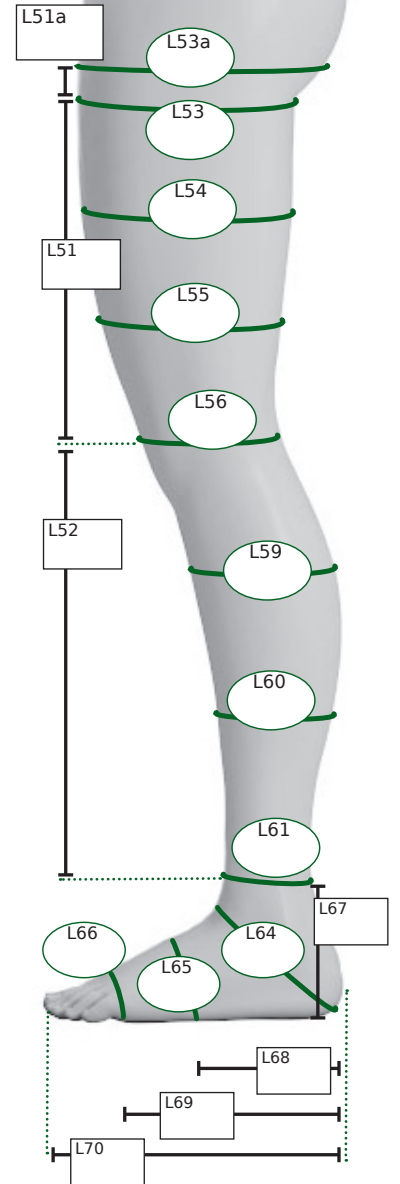
Other  
(fill also form 11 and 12)



RIGHT



LEFT



<b>Material</b> <input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<b>Fabric color</b> <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<b>Seam color</b> <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown <input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<b>Emblem</b> <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird <input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	<b>Fastener*</b> <input type="checkbox"/> hooks <input type="checkbox"/> zipper <input type="checkbox"/> + guard  <b>Fastener color</b> <input type="checkbox"/> seam color <input type="checkbox"/> fabric color	<b>Genital area</b> <input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Fly  <b>Diaper</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Waist</b> <input type="checkbox"/> Normal <input type="checkbox"/> High  <small>*where and what kind, write in "additional information"</small>
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------

Additional information

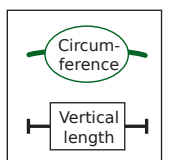
---



---



---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

**MODEL**

Thigh-high sock

Thigh-high sock with waist strap

Leg

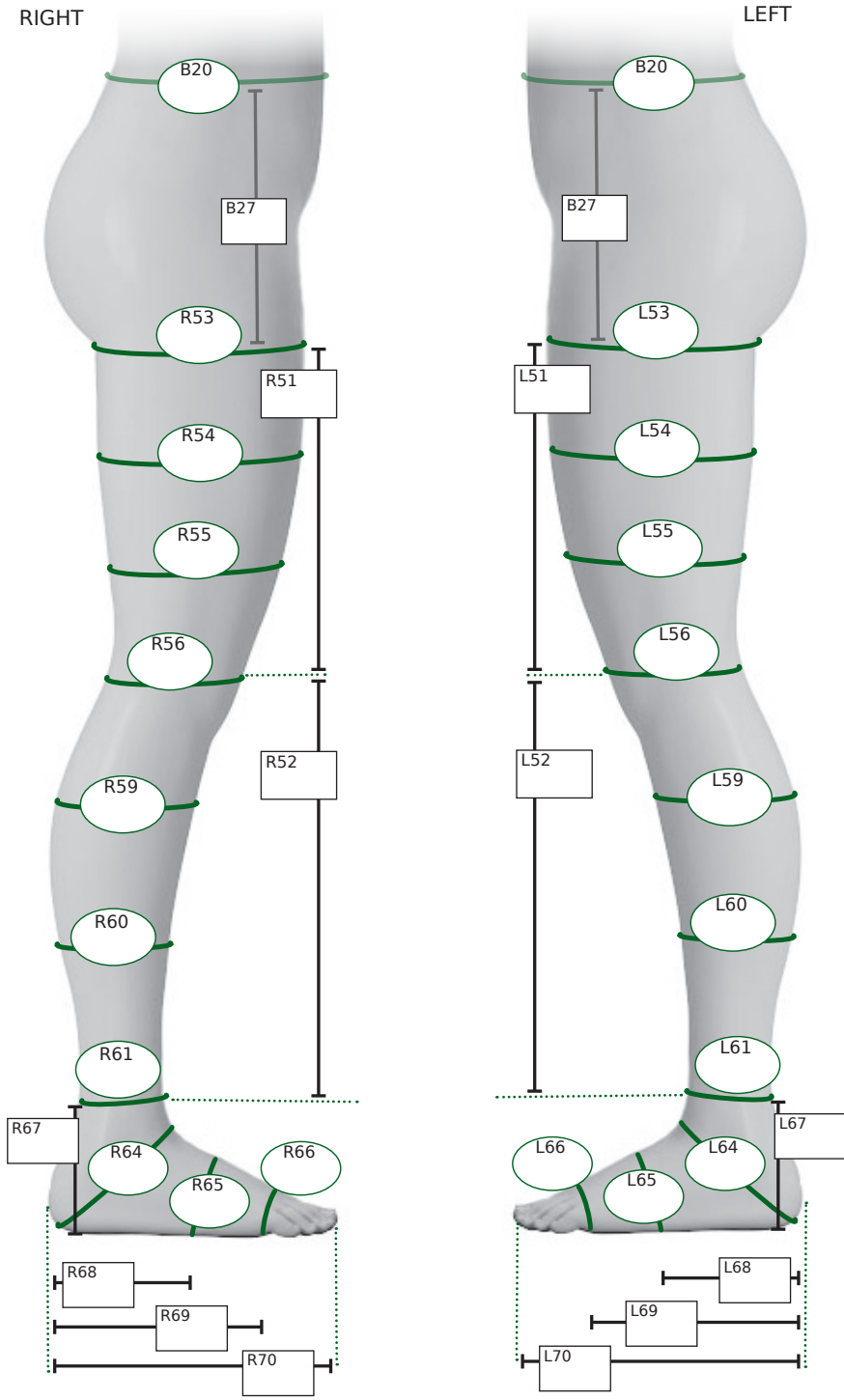
  

**TOES**

Closed

Open

Other (fill also form 12)



<b>Material</b> <input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<b>Fabric color</b> <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<b>Seam color</b> <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown	<input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<b>Emblem</b> <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird	<input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	<b>Fastener*</b> <input type="checkbox"/> hooks <input type="checkbox"/> zipper <input type="checkbox"/> + guard  <b>Zipper color</b> <input type="checkbox"/> seam color <input type="checkbox"/> fabric color	*Where and what kind, write in "additional information"
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

**Additional information**

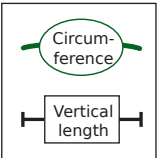
---



---



---



Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

**MODEL**

Knee-high sock

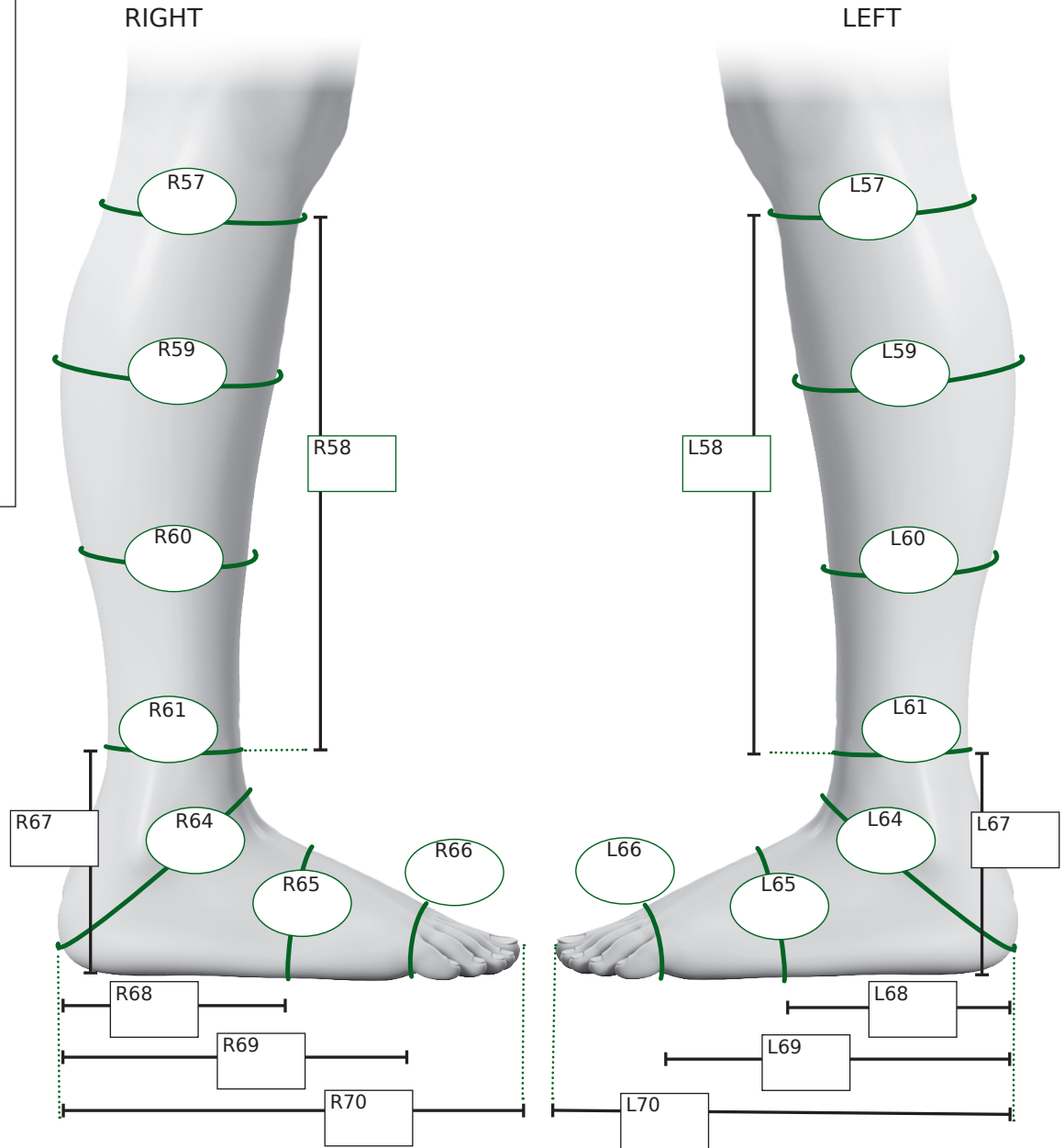
Ankle sock

**TOES**

Closed

Open

Other  
(fill also form 12)



Material	Fabric color	Seam color	Emblem	Fastener	Fastener location
<input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown <input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird <input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	<input type="checkbox"/> hooks <input type="checkbox"/> zipper <input type="checkbox"/> + guard  <input type="checkbox"/> Zipper color <input type="checkbox"/> seam color <input type="checkbox"/> fabric color	<input type="checkbox"/> Inner shin <input type="checkbox"/> Outer shin <input type="checkbox"/> Midline of shin (default) <input type="checkbox"/> Other*  *Where and what kind, write in "additional information"

Additional information

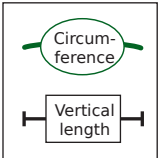
---



---



---



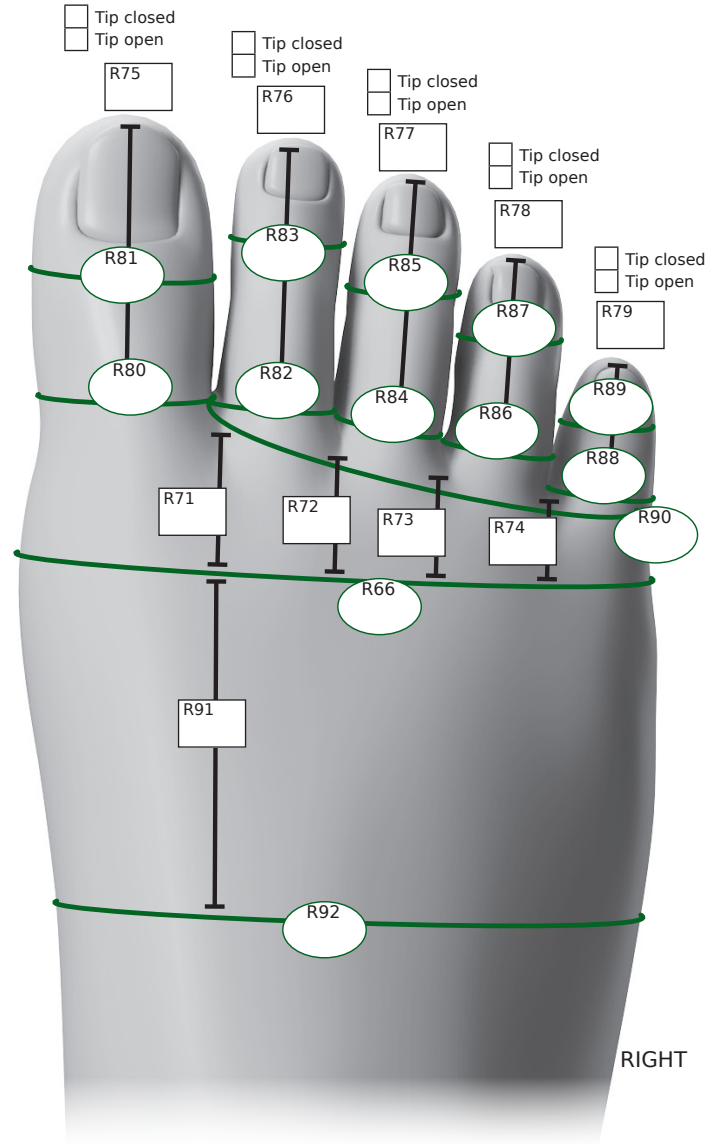
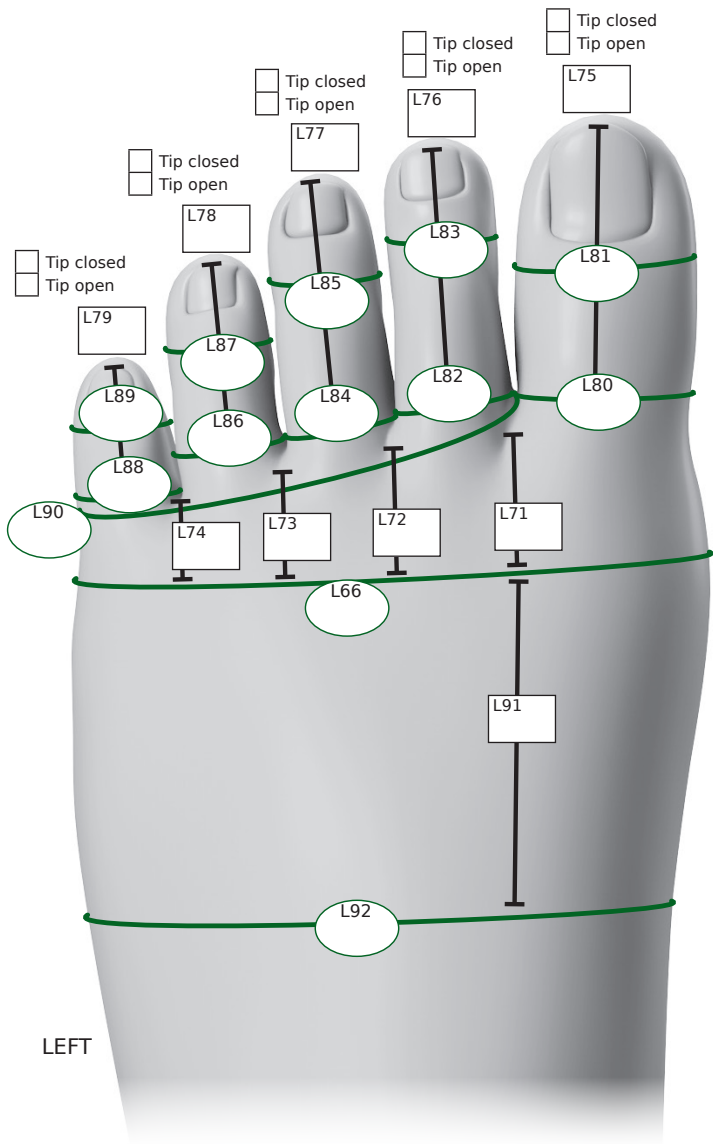
Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

**MODEL OF THE SOCK**

Foot glove  Tabi sock  Big toe sock (measure L90)

**SEPARATE ITEM**

Toe glove



<p><b>Material</b></p> <input type="checkbox"/> P91 <input type="checkbox"/> P07 <input type="checkbox"/> P50	<p><b>Fabric color</b></p> <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	<p><b>Seam color</b></p> <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown	<p><b>B</b></p> <input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	<p><b>Emblem</b></p> <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird	<p><b>H</b></p> <input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard
---------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

---

---

---

---

---

---

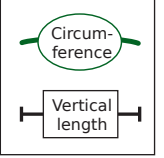
---

**Additional information**

---

---

---



Please check the measuring instructions. Make sure that all the necessary information is filled accurately and completely.

Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

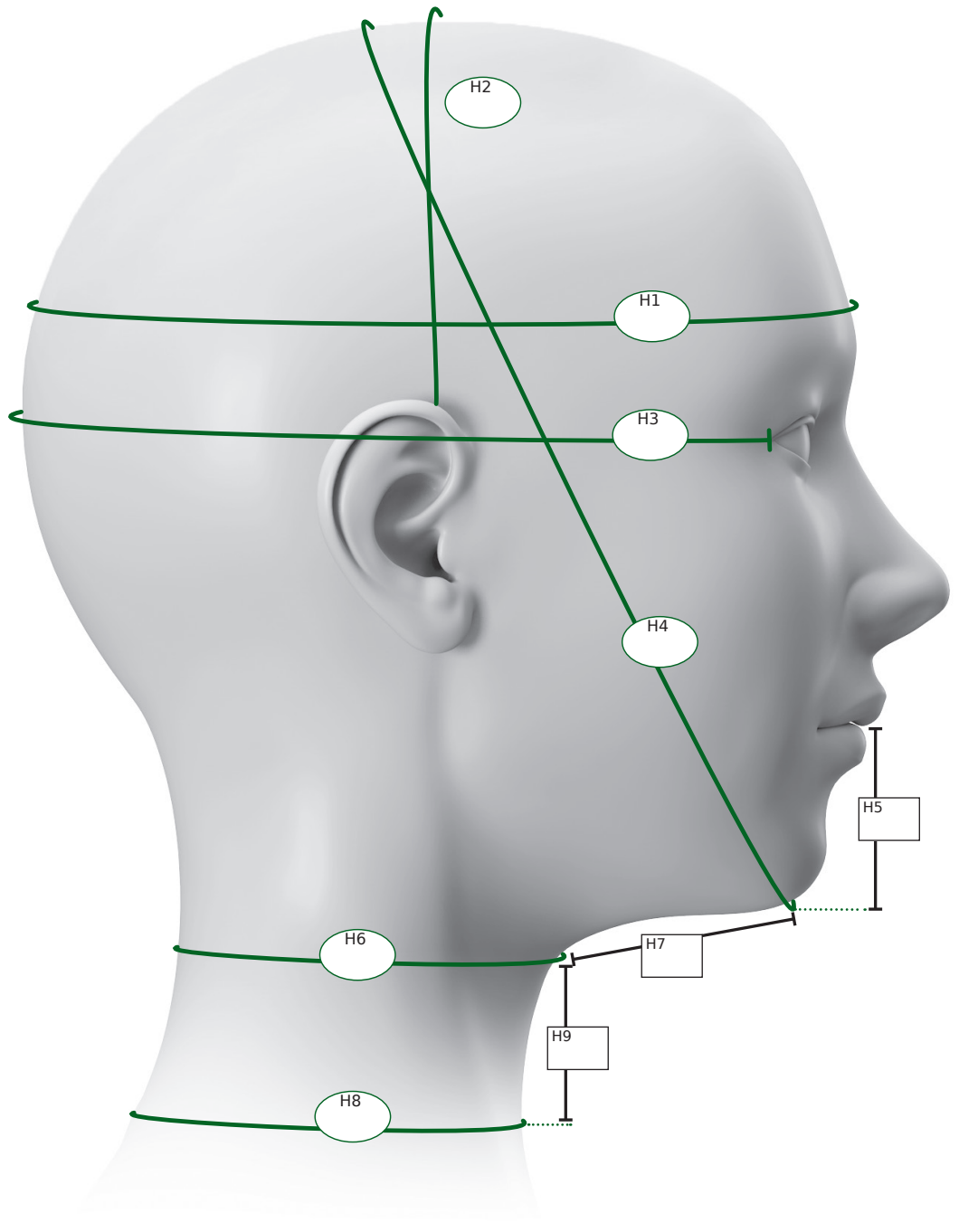
**MODEL**

Ear area open

Ear area closed

Face open

Face closed



<b>Material</b>	<b>Fabric color</b>	<b>Seam color</b>	<b>Emblem</b>	<b>Fastener (helmet only)</b>	
<input type="checkbox"/> P91	<input type="checkbox"/> 01 beige	<input type="checkbox"/> B1 beige	<input type="checkbox"/> B8 pink	<input type="checkbox"/> H. cat	Where and what kind, write in "additional information"
<input type="checkbox"/> P07	<input type="checkbox"/> 02 black	<input type="checkbox"/> B2 black	<input type="checkbox"/> B9 green	<input type="checkbox"/> I. dog	
<input type="checkbox"/> P50	<input type="checkbox"/> 03 white	<input type="checkbox"/> B3 white	<input type="checkbox"/> B10 orange	<input type="checkbox"/> J. butterfly	Zipper color
	<input type="checkbox"/> 04 grey	<input type="checkbox"/> B4 grey	<input type="checkbox"/> B11 yellow	<input type="checkbox"/> K. flower	
	<input type="checkbox"/> 05 blue	<input type="checkbox"/> B5 blue	<input type="checkbox"/> B12 light blue	<input type="checkbox"/> L. candy	<input type="checkbox"/> seam color
	<input type="checkbox"/> 06 red	<input type="checkbox"/> B6 red		<input type="checkbox"/> M. teddy	<input type="checkbox"/> fabric color
	<input type="checkbox"/> 07 brown	<input type="checkbox"/> B7 brown		<input type="checkbox"/> N. lizard	

**Additional information**

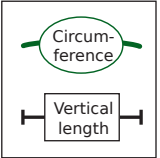
---



---



---

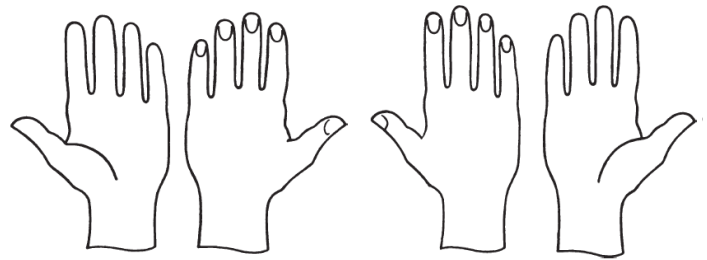
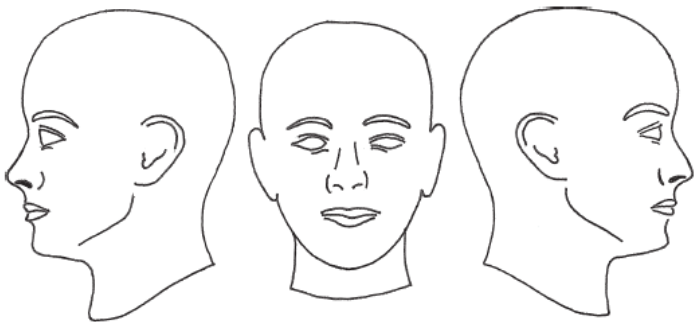
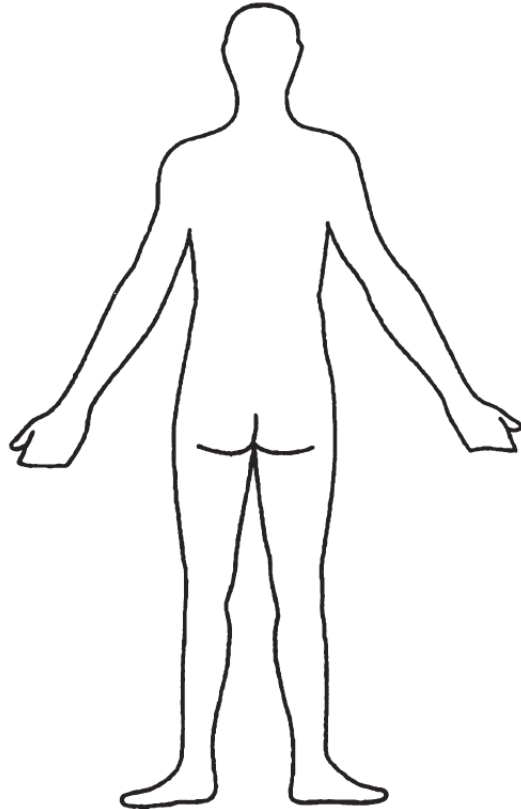
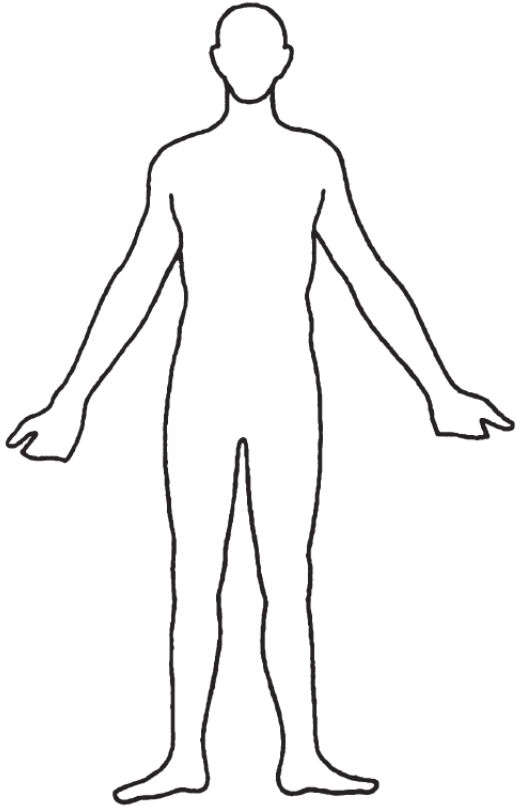


Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

The main area of the form is a large empty rectangle intended for drawing. It is bounded on the left and bottom by a grid of small squares. The grid on the left is 18 squares high, and the grid on the bottom is 20 squares wide. The rest of the area is completely blank.

Last names	First names	Date of order	Order n°
------------	-------------	---------------	----------

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



LEFT

RIGHT

Additional information

---

---

---

---

---

---