



Patient _____

Date _____

Measured By _____

F0002
F0002-003 ver.04

Clinic _____

Order No _____

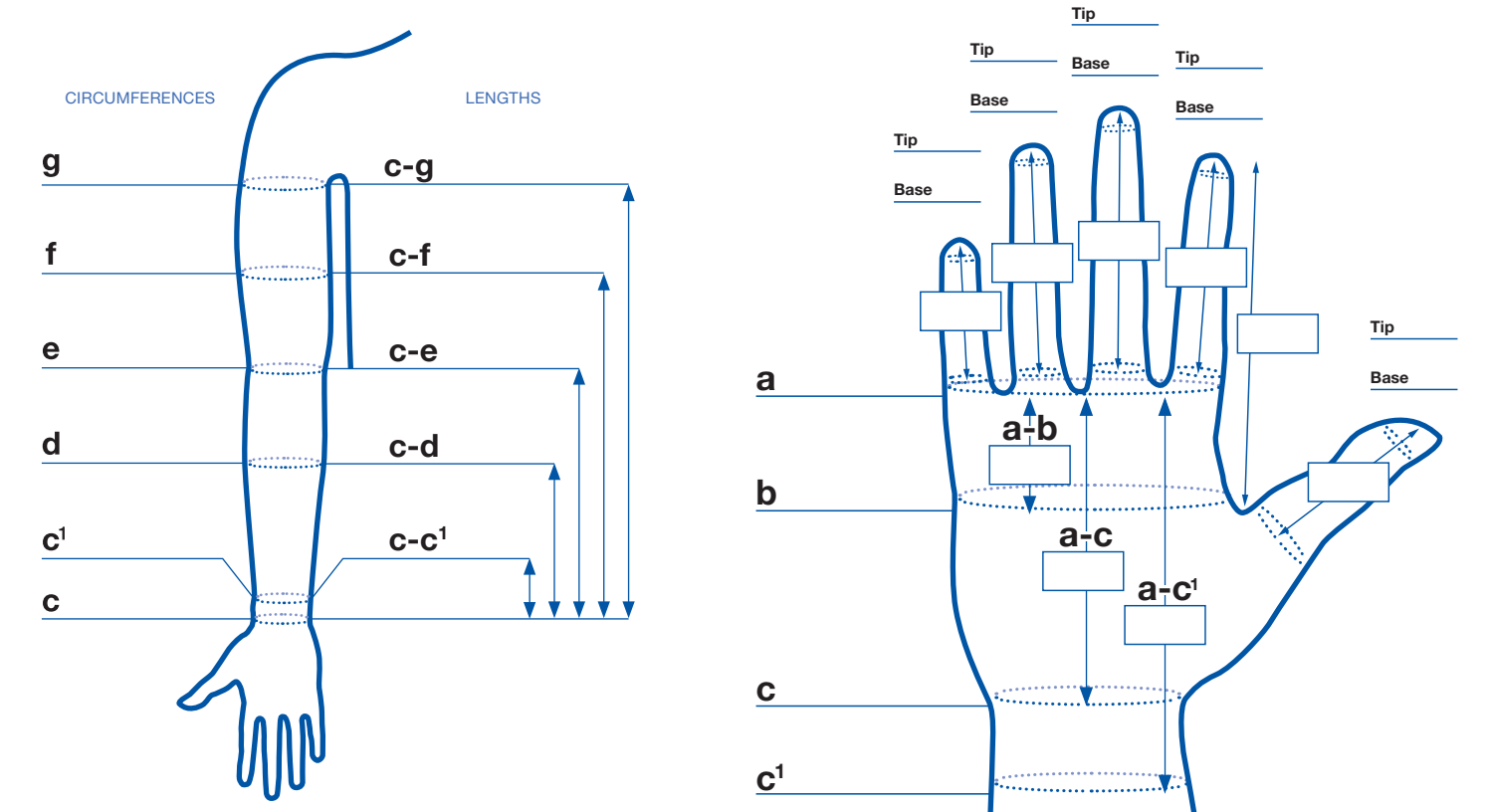
sales@hadhealth.com.au

Postcode _____

Tel / E-mail _____

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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 _____	AT _____	AT _____	AT _____
	HEIGHT _____	HEIGHT _____	HEIGHT _____	HEIGHT _____	HEIGHT _____	HEIGHT _____
	WIDTH _____	WIDTH _____	WIDTH _____	WIDTH _____	WIDTH _____	WIDTH _____
	LEG(S) _____	LEG(S) _____	LEG(S) _____	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

ZIP	VELCRO FASTENING	VELCRO STRAPS
<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

	<input type="checkbox"/>	SHOULDER CAP & ADJUSTABLE STRAP
g-h _____	g-t _____	Circumference
	<input type="checkbox"/>	SHOULDER CAP & BRA ATTACHMENT
g-h _____		
	<input type="checkbox"/>	SLANT TOP FLAT KNIT ONLY

COMMENTS _____

CUSTOM-ONLINE NO.
HC _____

REPEAT NO.
M _____