



CUSTOM-MADE ORDER FORM



GLORIA MED

Email to:

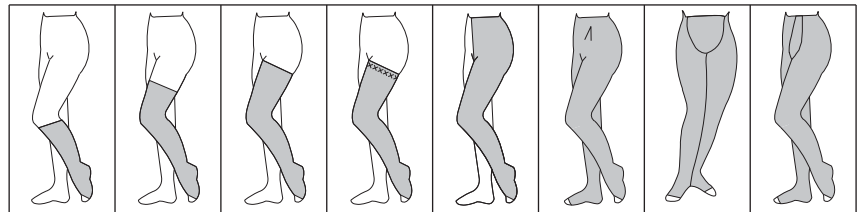
sales@gardamed.com

Gardamed Limited

Custom Made Department
The Pixmore Centre, Pixmore
Avenue, Letchworth Garden City,
Herts. SG6 1JG
Tel. 01462 411819

*All fabrics are latex free

= available
 = not available



Compression	Item GLORIA-MED	Material	Toe	A-D	A-F	A-G	A-GH silicon band	A-GG	A-T	A-TM	A-TU
Class 1	COTTON 162	cotton	open					left right			
Class 2	STRONG 261	* rubber	open								
	COTTON 262	cotton	open								
Class 3	STRONG 361	* rubber	open							<input type="checkbox"/>	

Important: Indicate the exact circumference and length of the limb at each specific point. The measurements must be taken with limb resting and relaxed. For A-D, A-F and AG/AGH, please specify if a single item or pair is required.

..... piece pair

CIRCUMFERENCE MEASUREMENTS (cm)

Waist: cT _____

Hips: cH _____

Left leg: cK _____, cG _____, cF _____, cE _____, cD _____, cC _____, cB' _____, cB _____, cH _____, cA _____

Right leg: cK _____, cG _____, cF _____, cE _____, cD _____, cC _____, cB' _____, cB _____, cH _____, cA _____

LENGTH MEASUREMENTS (cm)

FRONTAL LENGTH TO GROIN: IK1T _____, IT _____, IK2T _____, IH _____, IK1 _____, IK2 _____, IG _____, IF _____, IE _____, ID _____, IC _____, IB1 _____, IB _____, IA _____

REAR LENGTH TO GLUTEAL FOLD: IK1T _____, IT _____, IK2T _____, IH _____, IK1 _____, IK2 _____, IG _____, IF _____, IE _____, ID _____, IC _____, IB1 _____, IB _____, IA _____

Foot length to IA: _____

Total foot length: _____

Type or write in block letters

DATE _____

PATIENT _____

PHYSICIAN _____

RETAILER _____

Stamp & Signature _____