



- ORDER (by default)
- QUOTATION
- RENEWAL



RETAILER IDENTIFICATION

Customer code:

Case No. for renewal

Patient's surname:

Patient's first name :

Gender :  M  F  Child

Patient's height :

1st treatment

Date:

Quantity:

**If possible, please enclose photos of the limb to be fitted.  
Please draw in the contours of the garment on the diagram and cross unnecessary measures.**

### Models

- Sock
- Stocking

- |                          |                          |
|--------------------------|--------------------------|
| LEFT                     | RIGHT                    |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

### Options

- Anti-slip with silicone dots 3 cm
- Velcro opening (maximum 1/3 of the total height of the product.  
Draw the desired position on the diagram)
- Open toe
- Closed toe

### Comments

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