

39325 SOCK Order Form

elements
body



Patient information

Patient ID _____

When ordering, please enter the previous order number. _____

Date of birth _____ Male Female

Weight _____ Height _____

Diagnosis _____

Has patient used Elements Body before? Yes No

Requested Delivery Date _____

Purchase information

Company name _____

Clinician _____

Address _____

Zip _____ City _____

Order no. _____

Phone contact _____

Delivery address _____

By submitting this form you are certifying that personal data has been processed in compliance with GDPR (EU) 2016/679. The data will be processed only to the extent necessary to deliver ordered products.

Due to the Data Privacy Regulation GDPR (EU) 2016/679) this form must be submitted through <https://submit.allardsupport.com>.

Model	Item.no.	Quantity
<input type="checkbox"/> Sock (Below Knee)	39325 0000	_____

This product is only available with anterior zipper and closed toes.

Velcro Stop for zipper Yes No

Anti-slip (On upper edge) Yes No

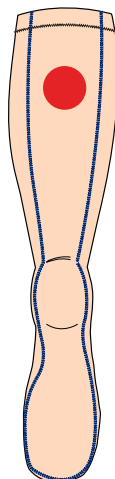
Colour Options (For children under the age of 3, only beige fabric and beige reinforcements can be offered)

Fabric	<input type="checkbox"/> Beige	<input type="checkbox"/> Black	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Blue	<input type="checkbox"/> Red
Reinforcement	<input type="checkbox"/> Beige	<input type="checkbox"/> Black	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Space	<input type="checkbox"/> Coral
Thread	<input type="checkbox"/> Beige	<input type="checkbox"/> Black	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Blue	<input type="checkbox"/> Red
	<input type="checkbox"/> Hot pink	<input type="checkbox"/> Light blue	<input type="checkbox"/> Green	<input type="checkbox"/> Orange		

Transfers: Yes No

Transfers: Choose transfer (Please refer to latest transfer options list available) and enter the letter below.

Record Transfer Letter on calf



allard ^N _T

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