Alteration Form
Glove and Sleeve

elements body

SN _____ Patient ID_____

Camp order no_____

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**.

Please mark what needs to be changed

☐ Too tight ☐ Too loose

Attached photos if possible - Number_____

Circle the measurements that are not correct and describe why. Record new measurements if needed.
Please ensure that the garment is clean when returned.

Company name_____

Clinician_____

Address_____

Zip_____City_____

PO no_____

Phone contact_____

Delivery address_____

_____

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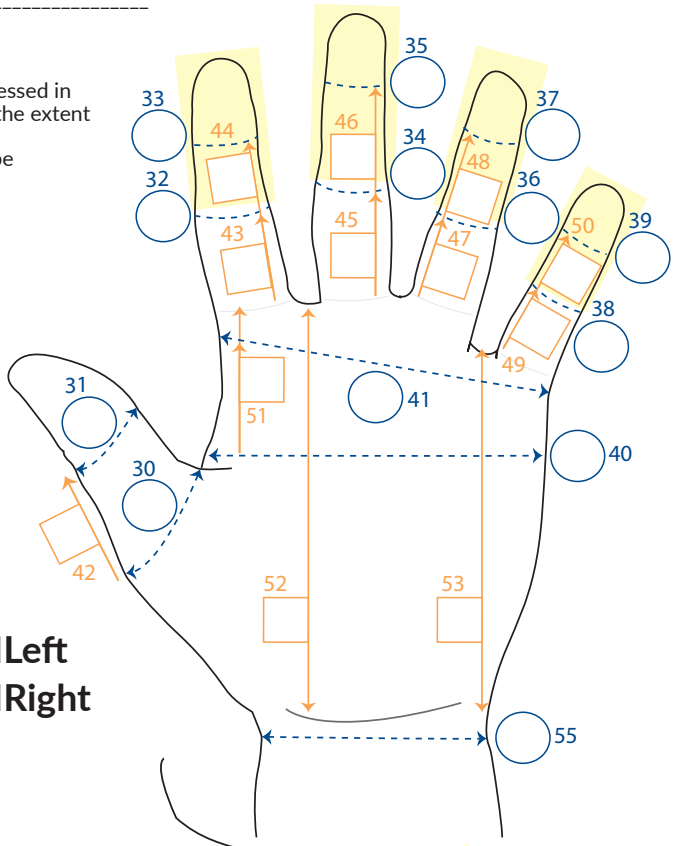
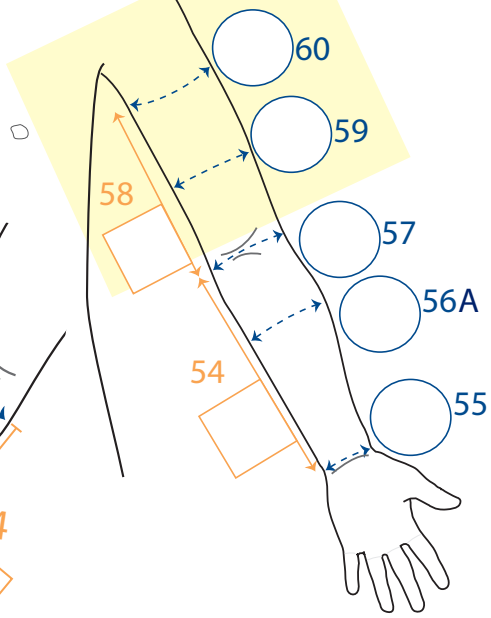
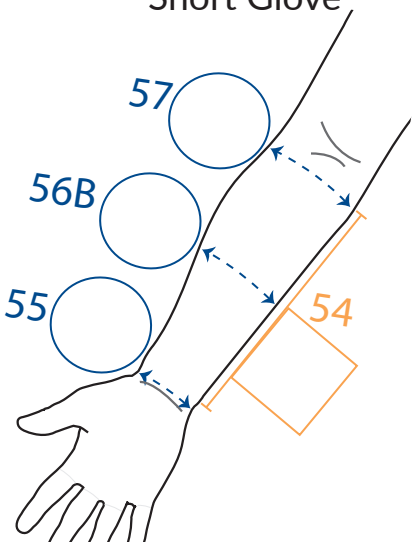


☐**Left**
☐**Right**

Long Glove /
Long Sleeve



Short Glove



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