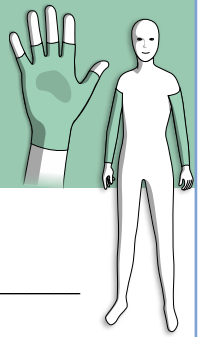


39330/39333 I/39335/39336 Glove 39340 Sleeve Order Form

elements
body



Patient information

Patient ID _____

When ordering, please enter the previous order number. _____

Date of birth _____ Male Female

Weight _____ Height _____

Diagnosis _____

Has the 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>.

Style	Item No.	Quantity
<input type="checkbox"/> Short Glove without Fingers (up to the Elbow)	39330 0000	_____
<input type="checkbox"/> Short Glove with Fingers (up to the Elbow)	39331 0000	_____
<input type="checkbox"/> Long Glove without Fingers	39335 0000	_____
<input type="checkbox"/> Long Glove with Fingers	39336 0000	_____
<input type="checkbox"/> Sleeve only	39340 0000	_____

Silicone edging Yes No

Silicone on palm Yes No

Zipper styles Glove

Dorsal Ulnar

Zipper styles Sleeve and Long Glove

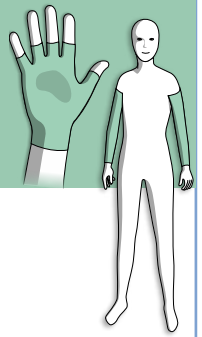
Dorsal Ulnar

Full length, proximal open zip Full length, proximal closed zip Below Elbow

Campscandinavia, DEC_2020©

39330/39333 I/39335/39336 Glove 39340 Sleeve Order Form

elements
body



Patient ID _____

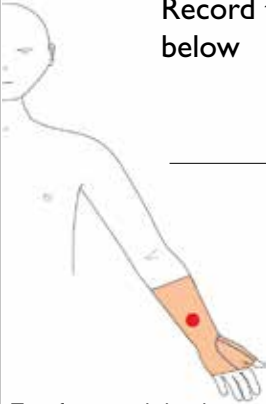
Colour Options (For children under the age of 3, only Beige Fabric and Beige Reinforcements can be offered)

- | | | | | | | |
|----------------------|-----------------------------------|-------------------------------------|---------------------------------|---------------------------------|-------------------------------|------------------------------|
| 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"/> 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: Choose transfer (Please refer to latest transfer list available) and enter letter below.

Transfers: Yes No

Record transfer letter below



Transfer can only be place on the inside of the forearm