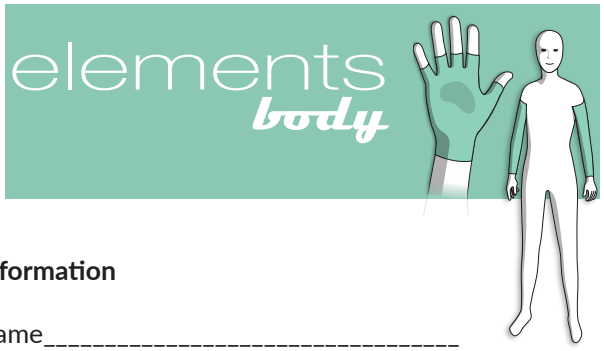
Order Form
39330/393331/39335/39336 Glove
39340 Sleeve



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
☐Short Glove without Fingers (up to the Elbow)	39330 0000	_____
☐Short Glove with Fingers (up to the Elbow)	39331 0000	_____
☐Long Glove without Fingers	39335 0000	_____
☐Long Glove with Fingers	39336 0000	_____
☐Sleeve only	39340 0000	_____

Antislip styles

Antislip edging	☐Yes	☐No
Antislip palm and thumb	☐Yes	☐No
or		
Antislip full palm, fingers and thumb	☐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

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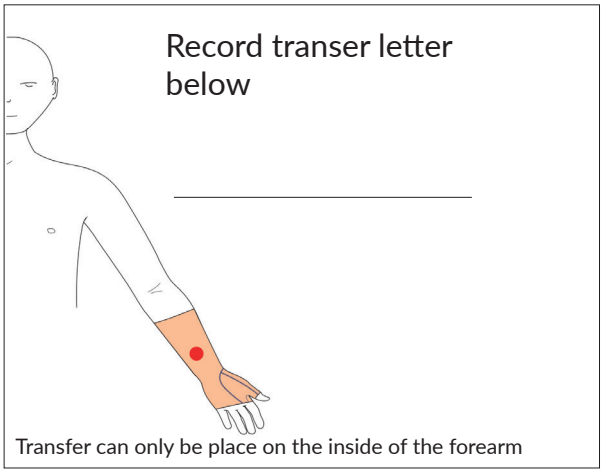
Colour Options (For children under the age of 3, only Beige Fabric and Beige Reinforcements can be offered)

Fabric	☐Beige	☐Black	☐Purple	☐Pink	☐Blue	☐Red
Reinforcement	☐Beige	☐Black	☐Space	☐Coral	☐Djungle	☐Comic Blue
Thread	☐Beige	☐Black	☐Purple	☐Pink	☐Blue	☐Red
	☐Hot pink	☐Light blue	☐Green	☐Orange		

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

Transfers: ☐Yes ☐No



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