

39320 Trousers 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>.

Trouser Style	Item No.	Quantity
<input type="checkbox"/> Trousers with Short Legs	39320 0011	_____
<input type="checkbox"/> Trousers with Long Legs	39320 0013	_____
<input type="checkbox"/> Trousers with $\frac{3}{4}$ leg length	39320 0012	_____
Crotch	<input type="checkbox"/> Closed	<input type="checkbox"/> Open
Waist closure		
<input type="checkbox"/> Zip Mid-Front		<input type="checkbox"/> Open from bottom to top (only for open crotch)
		<input type="checkbox"/> Open from top to bottom (only for open crotch)
<input type="checkbox"/> Zip on Sides		
OR		
<input type="checkbox"/> Velcro Mid-Front		
Short Leg (inside)	<input type="checkbox"/> Velcro <input type="checkbox"/> Zipper <input type="checkbox"/> Closed from top to bottom <input type="checkbox"/> Closed from bottom to top <input type="checkbox"/> None	
Short Leg (Outside)	<input type="checkbox"/> Zipper <input type="checkbox"/> None	
OR		
Long Leg	<input type="checkbox"/> Zipper front (Patient wears AFO)	<input type="checkbox"/> Zipper outside <input type="checkbox"/> None
Instep	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stop for Zipper with Velcro	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anti-Slip (on Waistband)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Velcro tabs to attach to Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Velcro tabs to attach to Body	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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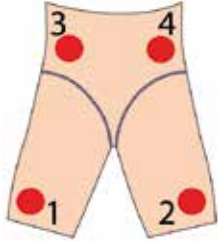
Patient ID _____

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 options list available) and enter the letter below.

Transfers: Yes No

	<p>Record Transfer Letter in required position</p> <p>1. Right Leg _____</p> <p>2. Left Leg _____</p> <p>3. Right Hip _____</p> <p>4. Left Hip _____</p>
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