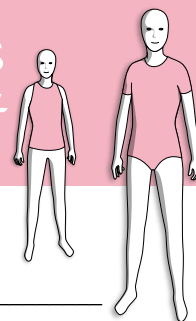


39300, 39301 Vest 39305, 39306 Body Order Form

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 _____

Postcode _____ City _____

PO 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>.

Vest Style	Item No.	Quantity	Body Style	Item No.	Quantity
<input type="checkbox"/> Vest Sleeveless	39300 0000	_____	<input type="checkbox"/> Body Sleeveless	39305 0000	_____
<input type="checkbox"/> Vest with Short Sleeves	39301 0011	_____	<input type="checkbox"/> Body with Short Sleeves	39306 0011	_____
<input type="checkbox"/> Vest with Long Sleeves	39301 0013	_____	<input type="checkbox"/> Body with Long Sleeves	39306 0013	_____

Neckline

Deeper Neckline on front (Fill out measurement ND)

Wider Neckline (Fill out measurement NS)

Deeper Neckline at back (Fill out measurement BD)

Gastro Hole (Only for Body)

Yes

No

If Gastro Hole is required on Vest, closure must be zipper

Cover for Gastro Hole

Yes

No

OR

Zipper for Gastro Hole

Yes

No

Zipper styles

Zipper Front

No zip

Closed / Short (only for Body)

Short Length: _____ cm

Open from bottom to top (VEST only)

Open from top to bottom (VEST only)

Zipper Back

No zip

Closed / Short (only for Body)

Short Length: _____ cm

Open from bottom to top (VEST only)

Open from top to bottom (VEST only)

Velcro Stop for Zipper

Yes

No

Anti-Slip (on Waistband)

Yes (Vest only)

No

Anti-Slip Short Sleeve

Yes

Left

Right

No

Body Closure

Velcro

Press studs

Velcro tabs to attach trousers

Yes

No

allard^{INT}

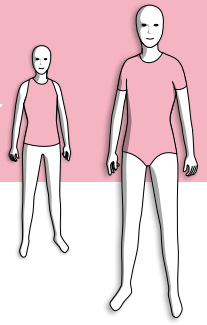
www.allardint.com

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Camp Scandinavia AB
Karbingatan 38
SE-254 67 Helsingborg SWEDEN
info@allardint.com

39300, 39301 Vest 39305, 39306 Body Order form

elements
body



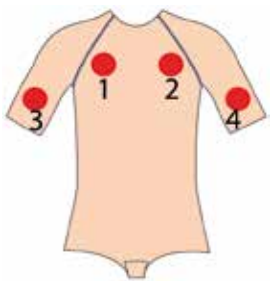
Patient ID: _____

Colour Options (For children under the age of 3, only beige fabric and beige reinforcements are available)

- | | | | | | | |
|----------------------|-----------------------------------|-------------------------------------|---------------------------------|---------------------------------|-------------------------------|------------------------------|
| 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



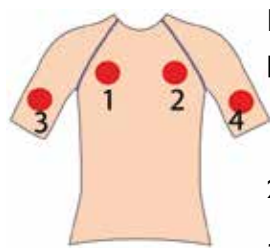
Record transfer letter in position required

1. Right Chest _____

2. Left Chest _____

3. Right Arm _____

4. Left Arm _____



Record transfer letter in position required

1. Right Chest _____

2. Left Chest _____

3. Right Arm _____

4. Left Arm _____