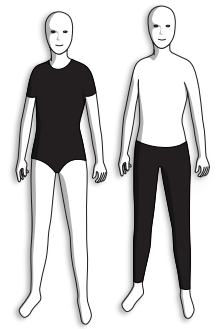


# BODY and TROUSERS Order form



## Patient information

Customer reference \_\_\_\_\_

When re-ordering, please enter the previous order number. \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

Weight \_\_\_\_\_ Height \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_\_

Delivery Date \_\_\_\_\_

## Purchase information

Company name \_\_\_\_\_

Fitter \_\_\_\_\_

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>.*

**This product is only available in black.**

Style	Item No.	Quantity	Style	Item No.	Quantity
<input type="checkbox"/> Body with short sleeves, Female	39400 0000	_____	<input type="checkbox"/> Trouser with short legs, Female	39404 0000	_____
<input type="checkbox"/> Body with short sleeves, Male	39401 0000	_____	<input type="checkbox"/> Trouser with short legs, Male	39405 0000	_____
<input type="checkbox"/> Body with long sleeves, Female	39402 0000	_____	<input type="checkbox"/> Trouser with long legs, Female	39406 0000	_____
<input type="checkbox"/> Body with long sleeves, Male	39403 0000	_____	<input type="checkbox"/> Trouser with long legs, Male	39407 0000	_____
<input type="checkbox"/> Body with 3/4 long sleeves, Female	39408 0000	_____	<input type="checkbox"/> Trouser with 3/4 long legs, Female	39410 0000	_____
<input type="checkbox"/> Body with 3/4 long sleeves, Male	39409 0000	_____	<input type="checkbox"/> Trouser with 3/4 long legs, Male	39411 0000	_____