

FORM
E

By Hand By Fax
By Courier By Reg. Post
By Phone By Speed Post
By E-Mail



CUSTOM MADE COMPRESSION STOCKINGS ORDER FORM (FOR LYMPHOEDEMA)

(Fill In All The Particulars In The Boxes Below In Block Letters)

PATIENT CODE

DATE

(For Office Use Only)

PATIENT'S NAME MR./ MRS. / MS.

AGE SEX E-MAIL ID _____

PATIENT'S ADDRESS (INCLUDING PIN CODE)

PIN

PHONE

LANDLINE NO.

DOCTOR'S NAME _____

ADDRESS _____

(PLEASE WRITE COMPLETE POSTAL ADDRESS)

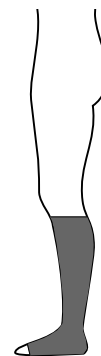
E-MAIL ID _____

INDICATED FOR _____
(MENTION THE DISEASE)

Bank Draft No..... DatedAmount.....
Drawn on Bank

Time: ____:____ am/pm Processing : Normal Urgent Hold
Total: _____ Adv. _____ Balance: _____ Rec. No. _____
Billing Normal / _____
Del. By: _____ Noted By: _____ Checked By: _____

Are You A Diabetic Patient ? Yes No
Any Diabetic Patient In Family ? Yes No



(101-F)



(102-F)



(103-F)

ORDER

(PLEASE INDICATE THE NUMBER OF STOCKINGS NEEDED IN THE APPROPRIATE BOX)

☆ To maintain hygiene and to increase the life of the stocking they should be washed everyday and a clean one should be worn every morning. Hence it is advisable to order for atleast two stockings for each leg.

ONLY FOR HIGH GRADE STOCKING FOR LYMPHOEDEMA

	LT.	RT.
(101-F) BELOW KNEE STOCKINGS	<input type="checkbox"/>	<input type="checkbox"/>
(102-F) THIGH LENGTH STOCKINGS	<input type="checkbox"/>	<input type="checkbox"/>
(103-F) FULL LEG STOCKINGS	<input type="checkbox"/>	<input type="checkbox"/>

(1) SILICONE GRIPPER

(2) THIGH BELT

www.normadnd.com

FORM
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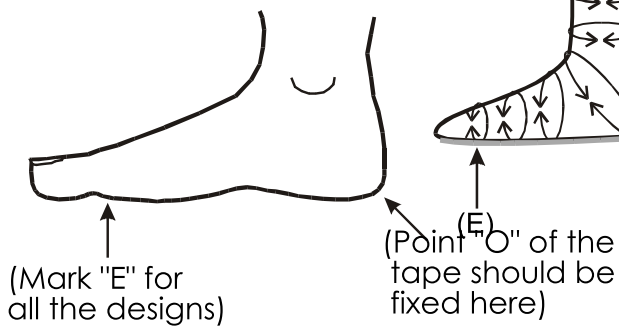
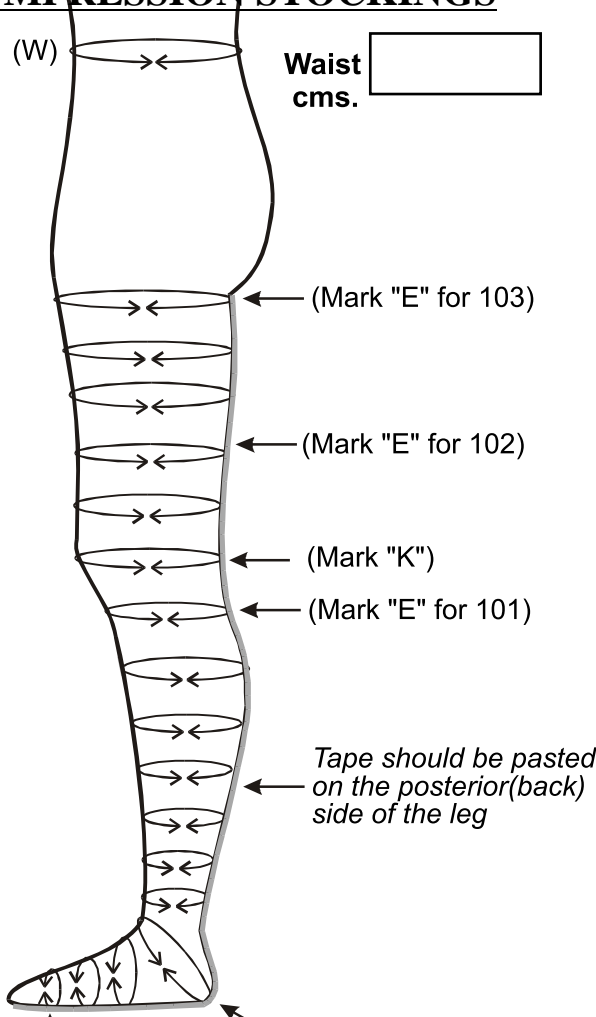
World Class Orthotics
NORMA
AN ISO 9001 : 2000 COMPANY
**MEASUREMENT CHART FOR
CUSTOM-MADE COMPRESSION STOCKINGS**

CIRCUMFERENCE

LEFT LEG		RIGHT LEG	
16	cms.	16	cms.
15	cms.	15	cms.
14	cms.	14	cms.
13	cms.	13	cms.
12	cms.	12	cms.
11	cms.	11	cms.
10	cms.	10	cms.
9	cms.	9	cms.
8	cms.	8	cms.
7	cms.	7	cms.
6	cms.	6	cms.
5	cms.	5	cms.
4	cms.	4	cms.
3	cms.	3	cms.
2	cms.	2	cms.
1	cms.	1	cms.
O	cms.	O	cms.
A	cms.	A	cms.
B	cms.	B	cms.
C	cms.	C	cms.
D	cms.	D	cms.
E	cms.	E	cms.
F	cms.	F	cms.
G	cms.	G	cms.
H	cms.	H	cms.
I	cms.	I	cms.

INSTRUCTIONS
(PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE MEASUREMENTS.)

- Remove the sticker cover on point "O" of the enclosed Measurement Tape.
- Fix point "O" on the heel (see illustration.)
- Remove the other sticker covers and fix the tape on the posterior (back) side of the leg.
- Mark the point "K" (indication g knee as per illustration) on the tape irrespective of the design choice.
- Mark both the ends with "E". On the foot "E" should be marked on base of the greater toe. On the leg the "E" should be marked as per the chosen design. For 101 it should be just below the knee, for 102 it should be middle of thigh and for 103 it should be the gluteal fold (see illustration)
- Measure the circumstancances of the leg in CENTIMETERS on all the red blocks. Fill in the measurement in the respective boxes.
- Take all measurement on bare skin and keep the leg straight while measuring.
- Use ordinary measurement tape.
- After taking all the measurement remove the tape carefully from the leg and stick ordinary paper on all the sticking areas of the tape.
- Transfer all the measurements on the tape to this measurement chart in the adjoining table in the respective columns.
- Mail the Measurement Chart, the Tape and D.D of appropriate amount to **NORMA D.N.D PRODUSTS (P) Ltd.**



ANY ADDITIONAL INFORMATION

MAIL THIS FORM AND D.D. OF THE APPROPRIATE AMOUNT TO :
NORMA D.N.D. PRODUCTS PVT. LTD.
NORMA Complex, D.D.A. Mkt., J-Block, Vikas Puri, N.Delhi - 110 018,
PH: 2854-1111(5 Lines), 98182 99999(5 Lines)FAX : 011-28541122
E-mail: normadnd@vsnl.com Website: www.normadnd.com

AN ISO 9001 : 2000 CERTIFIED COMPANY