

FORM
A-1

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



CUSTOM MADE COMPRESSION THIGH SUPPORT ORDER FORM

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

PATIENT CODE (For Office Use Only)

DATE

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

AGE SEX E-MAIL ID

PATIENT'S ADDRESS (INCLUDING PIN CODE)

PIN MOBILE NO.

LANDLINE NO.

DOCTOR'S NAME

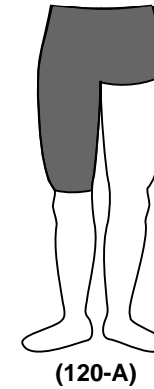
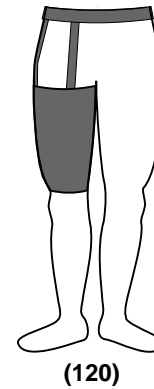
ADDRESS
 (PLEASE WRITE COMPLETE POSTAL ADDRESS)
 E-MAIL ID

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



ORDER

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

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

| | LT. | RT. |
|----------------------------------|--------------------------|--------------------------|
| (120) THIGH SUPPORT | <input type="checkbox"/> | <input type="checkbox"/> |
| (120-A) THIGH SUPPORT WITH WAIST | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Attachments

(1) SILICONE GRIPPER (2) THIGH BELT

www.normadnd.com

AN ISO 9001 : 2000 CERTIFIED COMPANY



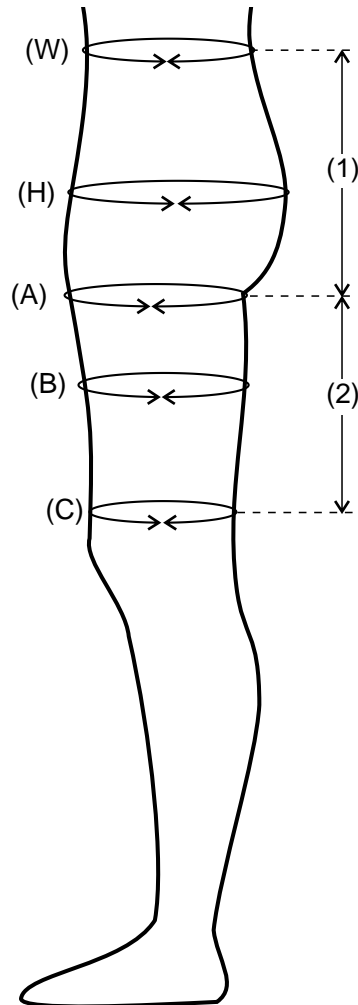
CUSTOM MADE COMPRESSION THIGH SUPPORT
MEASUREMENT CHART

INSTRUCTIONS

(Please Read The Following Instructions Carefully Before Filling In The Measurements.)

1. Fill in all the measurements for both legs irrespective of your order.
2. Fill in all the measurements in CENTIMETERS.
3. Take all the measurements on Bare Skin (i.e. without the clothes.)
4. For length measurements keep the limbs straight.
5. Use ordinary measuring tape.

ADDITIONAL INFORMATION



CIRCUMFERENCE

(W) WAIST CIRCUMFERENCE cms.
(H) HIP CIRCUMFERENCE cms. (Only for 120 -A)

LEFT

RIGHT

(A) GLUTEAL FOLD cms. cms.
(B) MIDDLE OF THIGH cms. cms.
(C) JUST ABOVE KNEE cms. cms.

LENGTH

(1) W to A cms. cms.
(2) A to C cms. cms.

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, www.normadnd.com