FORM	By Hand By Courier	By Fax By Reg. Post	
$ \mathbf{A} $	By Phone By E-Mail		





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# **CUSTOM MADE COMPRESSION STOCKINGS ORDER FORM**

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

PATIENT CODE	_ (For Office Use Only)	Are You A Diabetic Patient?	☐ Yes ☐ No
DATE		Any Diabetic Patient In Family?	Yes No
PATIENT'S NAME MR./ MRS. / MS.			
AGE SEX E-MAIL ID			
PATIENT'S ADDRESS (INCLUDING PIN CODE)		NWW III	
	7	Se C0170	
	<u> </u>		
		MATHLE STATE	
PIN MOBILE NO.		NO ALLERGIES (101) (102)	(103)
LANDLINE NO.			
DOCTOR'S NAME		ORDER  ( PLEASE INDICATE THE NUMBER OF STOCKINGS NEED	DED IN THE ADDRODDIATE BOY \
ADDRESS	ITE COMPLETE POSTAL ADDRESS)	☆ To maintain hygiene and to increase the life of	<u> </u>
E-MAIL ID		be washed everyday and a clean one should	ld be worn every morning.
INDICATED FOR		Hence it is advisable to order for atleast two stocki	ngs for each leg .
	(MENTION THE DISEASE)	PLEASE SELECT YOUR DESIGN	LEFT RIGHT
Bank Draft No Dated	Amount	(101) BELOW KNEE STOCKINGS	
Drawn on Bank		(102) THIGH LENGTH STOCKINGS	
Time::am/pm Processing : Normal	Urgent Hold	(102) THIGH LENGTH STOCKINGS	
Total: Adv Balance: Rec. N	·	(103) FULL LEG STOCKINGS	
Billing Normal /		Additional Attachments	
		(1) SILICONE GRIPPER	(2) THIGH BELT
Del. By: Noted By: C	hecked By:	www.normadnd.co	m







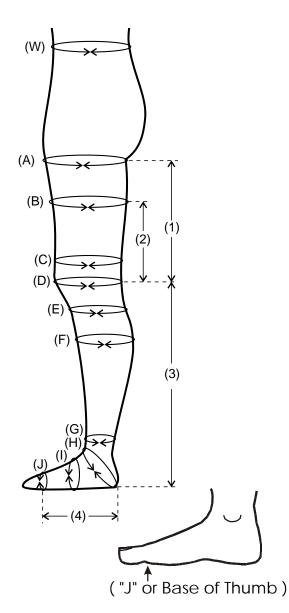
### **CUSTOM MADE COMPRESSION STOCKINGS MEASUREMENT CHART**

## **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.

ANY ADDITIONAL INFORMATION



#### WAIST CIRCUMFERENCE

REQUIRED	(101)		(102)		(103)	
MEASUREMENTS	Left	Right	Left	Right	Left	Right
(A) GLUTEAL FOLD						
(B) MIDDLE OF THIGH						
(C) JUST ABOVE KNEE						
(D) AT KNEE						
(E) JUST BELOW KNEE						
(F) MAXIMUM CALF						
(G) MINIMUM ANKLE						
(H) CROSS ON HEEL						
(I) MIDDLE OF FOOT						
(J) BASE OF THUMB						

#### **LENGTH**

	(101)		(102)		(103)	
(1) A To D						
(2) B To D						
(3) D To H						
(4) H To J						

# 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

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