

FORM
F

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



CUSTOM-MADE STUMP 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
 PHONE
 LANDLINE NO.

DOCTOR'S NAME

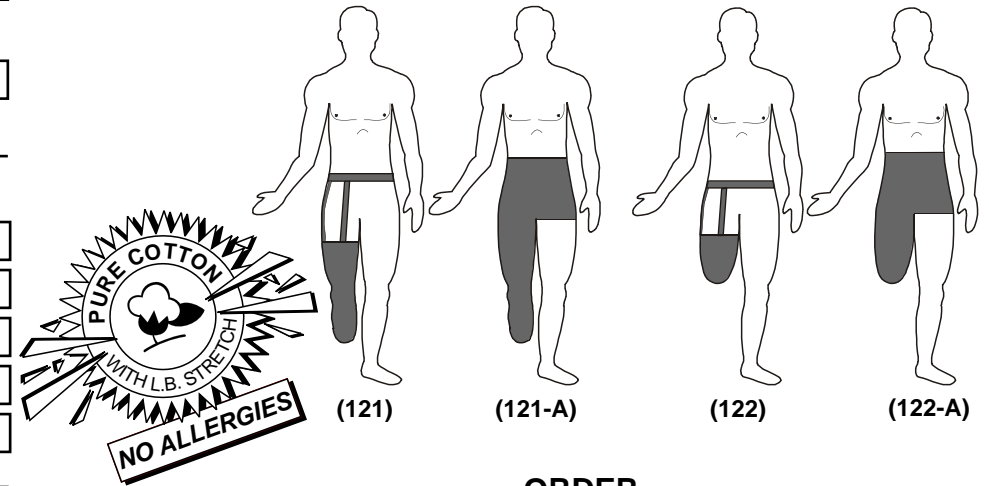
ADDRESS
 (PLEASE WRITE COMPLETE POSTAL ADDRESS)
 E-MAIL ID

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



ORDER

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

☆ To maintain hygiene and to increase the life of the supports they should be washed everyday and a clean one should be worn every morning. Hence it is advisable to order for at least two supports for each stump.

	LT.	RT.
(121) BELOW KNEE STUMP SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>
(121-A) BELOW KNEE STUMP SUPPORT WITH WAIST	<input type="checkbox"/>	<input type="checkbox"/>
(122) ABOVE KNEE STUMP SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>
(122-A) ABOVE KNEE STUMP SUPPORT WITH WAIST	<input type="checkbox"/>	<input type="checkbox"/>

www.normadnd.com

AN ISO 9001 : 2000 CERTIFIED COMPANY

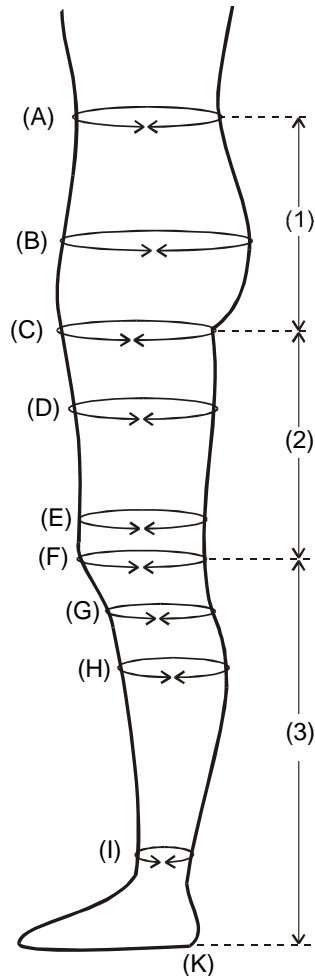
CUSTOM MADE STUMP SUPPORT MEASUREMENT CHART

INSTRUCTIONS

PLEASE READ THE FOLLOWING INSTRUCTION CAREFULLY BEFORE FILLING IN THE MEASUREMENT

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

ANY ADDITIONAL INFORMATION



PLEASE MARK THE END OF STUMP ON THIS GRAPHIC

(A) WAIST CIRCUMFERENCE cms.

(B) MAXIMUM HIP cms.

(Required only for 121-A & 122-A)

CIRCUMFERENCE	LEFT LEG	RIGHT LEG
(C) GLUTEAL FOLD	<input type="text"/> cms.	<input type="text"/> cms.
(D) MIDDLE OF THIGH	<input type="text"/> cms.	<input type="text"/> cms.
(F) JUST ABOVE KNEE	<input type="text"/> cms.	<input type="text"/> cms.
(G) JUST BELOW KNEE	<input type="text"/> cms.	<input type="text"/> cms.
(H) MAXIMUM CALF	<input type="text"/> cms.	<input type="text"/> cms.
(I) MINIMUM ANKLE	<input type="text"/> cms.	<input type="text"/> cms.
(J) END OF STUMP	<input type="text"/> cms.	<input type="text"/> cms.
(L) TOTAL LENGTH FROM GLUTEAL FOLD TO END OF THE STUMP	<input type="text"/> cms.	

	LENGTH	
(1) A to C	<input type="text"/> cms.	<input type="text"/> cms.
(2) C to F (or End)	<input type="text"/> cms.	<input type="text"/> cms.
(3) F to K (or End)	<input type="text"/> cms.	<input type="text"/> 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 Website: www.normadnd.com