

FORM
B

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



AN ISO 9001 : 2000 CERTIFIED COMPANY

CUSTOM MADE COMPRESSION GARMENTS 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

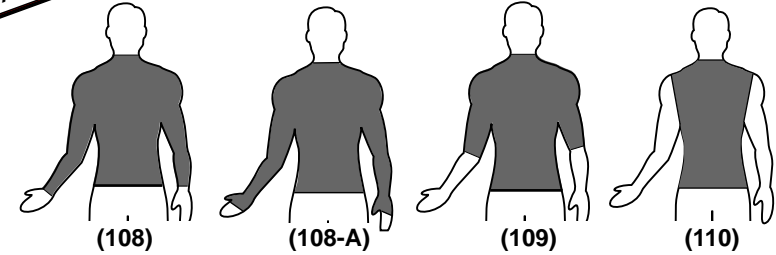
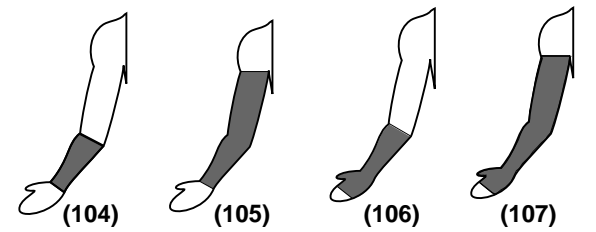
ADDRESS
 (PLEASE WRITE COMPLETE POSTAL ADDRESS)
 E-MAIL ID

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 GARMENTS NEEDED IN THE APPROPRIATE BOX)

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

- | | LT. | RT. | | |
|--------------------------------|--------------------------|--------------------------|--|--------------------------|
| (104) FOREARM | <input type="checkbox"/> | <input type="checkbox"/> | (108) VEST WITH FULL ARMS | <input type="checkbox"/> |
| (105) FULL ARM | <input type="checkbox"/> | <input type="checkbox"/> | (108-A) VEST FULL ARMS WITH GAUNTLET | <input type="checkbox"/> |
| (106) FOREARM WITH GAUNTLET | <input type="checkbox"/> | <input type="checkbox"/> | (109) VEST WITH SLEEVES ABOVE ELBOW | <input type="checkbox"/> |
| (107) FULL ARM WITH GAUNTLET | <input type="checkbox"/> | <input type="checkbox"/> | (110) VEST WITHOUT SLEEVES | <input type="checkbox"/> |

www.normadnd.com

CUSTOM MADE COMPRESSION GARMENTS MEASUREMENT CHART

INSTRUCTIONS

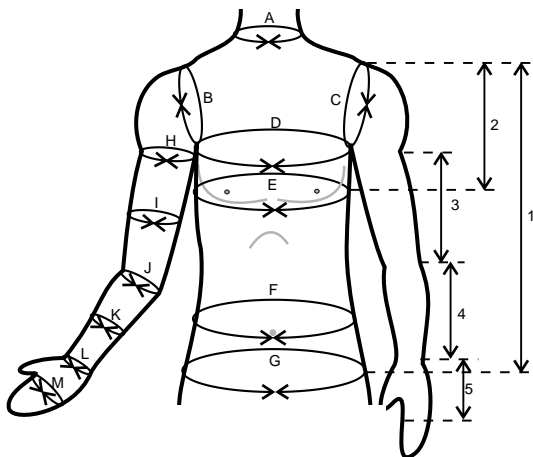
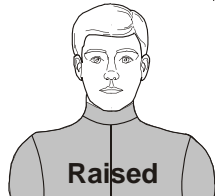
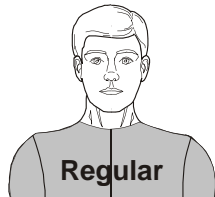
(PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE MEASUREMENTS.)

1. Fill in all the measurements in CENTIMETRES.
2. Select your design and fill in the required measurements only. Shaded block means that the measurement is not required.
3. Take the measurements on Bare Skin (i.e. without the clothes.)
4. For length measurements keep the limbs straight.
5. Use ordinary measuring tape.
6. **Mark the scar on the following picture. Mention front or back.**
7. For patients with large abdomen end of the Vest should be below the abdomen.

ANY ADDITIONAL INFORMATION

- If the measurements of left and right arm are different kindly use two forms. Mark Left and Right on top of measurements.

NECK OPTIONS



CIRCUMFERENCE MEASUREMENTS IN CENTIMETERS

REQUIRED MEASUREMENTS \ DESIGN	(104) Forearm	(105) Full Arm	(106) Forearm With Gauntlet	(107) Full Arm With Gauntlet	(108/108-A) Vest With Full Arm	(109) Vest With Half Sleeves	(110) Vest Without Sleeves
(A) BASE OF NECK							
(B) ARM HOLE (RIGHT)							
(C) ARM HOLE (LEFT)							
(D) CHEST AT AXILLA							
(E) UNDER BREAST							
(F) WAIST							
(G) END OF VEST							
(H) ARM AT AXILLA							
(I) MID UPPER ARM							
(J) ELBOW							
(K) MID FOREARM							
(L) WRIST CREASE							
(M) PALMER CREASE							
(N) BASE OF THUMB							

LENGTH

(1) C TO G							
(2) C TO E							
(3) H TO J							
(4) J TO L							
(5) L TO M							

CUP SIZE : S M L (FOR FEMALE PATIENTS)

* If cup size/ Bra size are not available, take circumference measurement at center of the breast.

DESIGN CHOICES	YES	Height (cm)
REGULAR NECK		
RAISED NECK		
V-NECK		
FRONT OPEN		
BACK OPEN		

MAIL THIS FORM & D.D. OF THE APPROPRIATE AMOUNT TO :

NORMA D.N.D. PRODUCTS PVT. LTD.

NORMA Complex, D.D.A. Market, J-Block, Vikas Puri,
N.Delhi - 110 018, PH: 2854-1111(5 Lines),
98182 99999(5 Lines), FAX : 011-28541122

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