

- 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

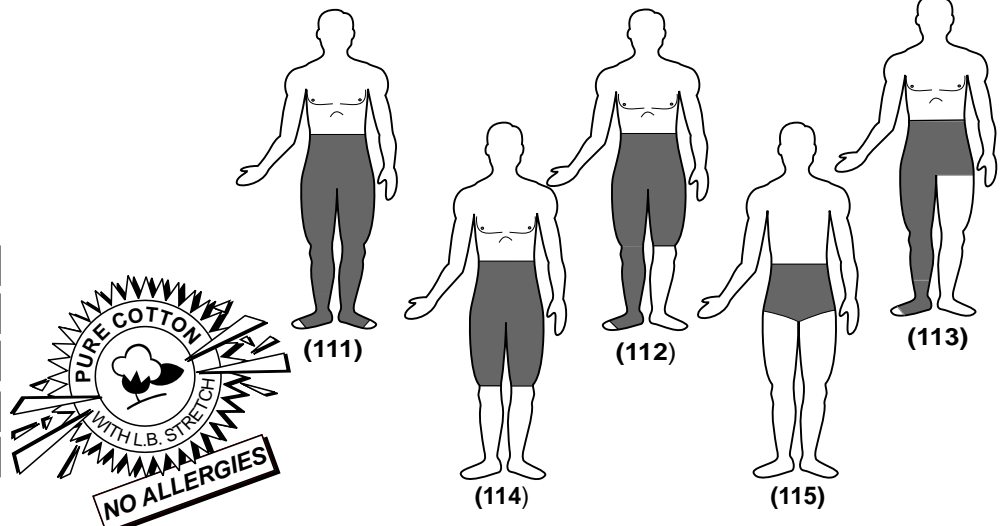
ADDRESS   
 (PLEASE WRITE COMPLETE POSTAL ADDRESS)  
 E-MAIL ID

INDICATED FOR   
 (MENTION THE DISEASE)

Bank Draft No..... Dated .....Amount.....  
 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 design(s).

( 111 ) WAIST HEIGHT WITH BOTH LEGS <input type="checkbox"/>	( 114 ) WAIST HEIGHT WITH BOTH LEGS ABOVE KNEE <input type="checkbox"/>
( 112 ) WAIST HEIGHT WITH ONE FULL LEG ONE ABOVE KNEE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Mark Lt. or Rt.)	( 115 ) PANTY <input type="checkbox"/>
( 113 ) WAIST HEIGHT WITH ONE FULL LEG WITH OPEN PUBIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Mark Lt. or Rt.)	(FOR DESIGN NO. 112 & 113 PLEASE MARK WHICH LEG IS FULL AND WHICH IS HALF)

## 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 Panty should be below the abdomen curve.

**PURE COTTON**

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

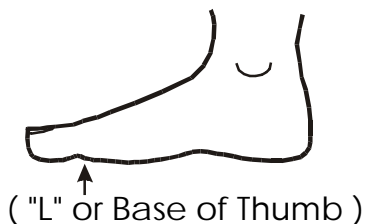
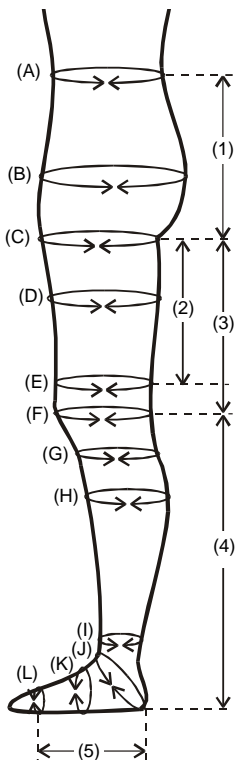
DESIGN CHOICES	YES
OPEN PUBIS	
CLOSED PUBIS	
PANTY LT. OPEN	
PANTY RT. OPEN	
SHOULDER STRAP	

ANY ADDITIONAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### CIRCUMFERENCE MEASUREMENTS IN CENTIMETERS

DESIGN REQUIRED MEASUREMENTS	(111)	(112)	(113)	(114)	(115)
(A) TOP OF GARMENT					
(B) MAXIMUM HIP					
(C) GLUTEAL FOLD					
(D) MIDDLE OF THIGH					
(E) JUST ABOVE KNEE					
(F) AT KNEE					
(G) JUST BELOW KNEE					
(H) MAXIMUM CALF					
(I) MINIMUM ANKLE					
(J) CROSS ON HEEL					
(K) MIDDLE OF FOOT					
(L) BASE OF THUMB					

### LENGTH

(1) A To C					
(2) C To E					
(3) C To F					
(4) F To J					
(5) J To L					

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