



CUSTOM MADE COMPRESSION GARMENTS MEASUREMENT CHART

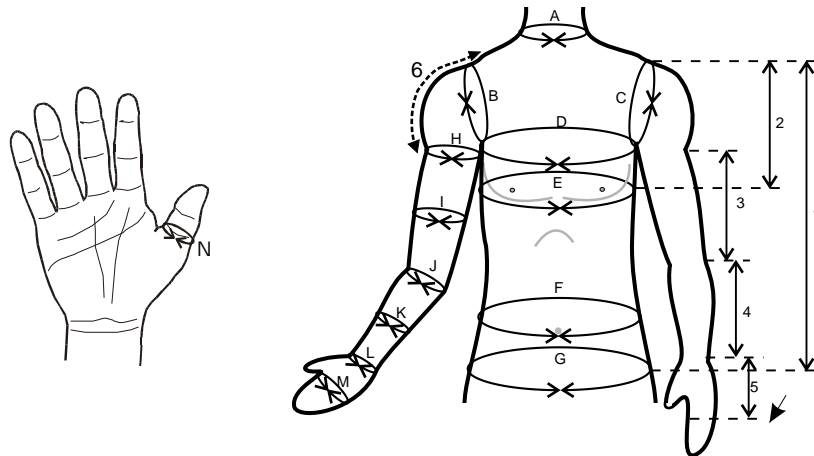
INSTRUCTIONS

(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.



CIRCUMFERENCE MEASUREMENTS IN CENTIMETERS

REQUIRED MEASUREMENTS \ DESIGN	(104) Forearm	(105) Full Arm	(106) Forearm With Gauntlet	(107) Full Arm With Gauntlet	(105-A) Full Arm With S.strap	(107-A) Full Arm Gauntlet With Strap
(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						
(6) H TO A						

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

FORM
B-1

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



AN ISO 9001 : 2000 COMPANY

CUSTOM MADE COMPRESSION GARMENTS ORDER FORM

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



AN ISO 9001 : 2000 CERTIFIED COMPANY

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

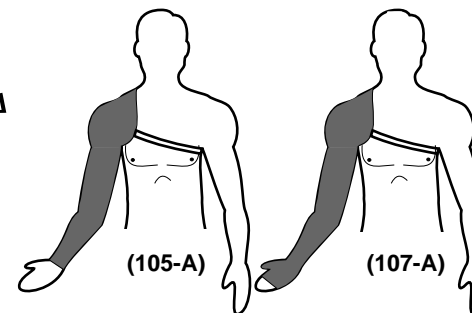
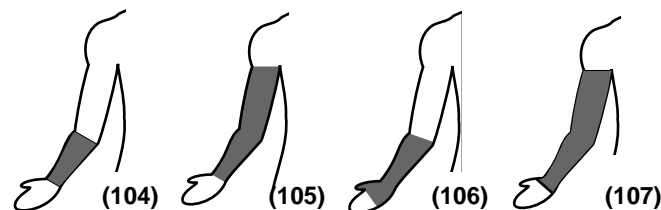
Total: ___ Adv. ___ Balance: ___ Rec. No. ___

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 atleast two garments (each) of the select design(s).

	LT.	RT.		LT.	RT.
(104) FOREARM	<input type="checkbox"/>	<input type="checkbox"/>	(107) FULL ARM (with Gauntlet)	<input type="checkbox"/>	<input type="checkbox"/>
(105) FULL ARM	<input type="checkbox"/>	<input type="checkbox"/>	(105-A) FULL ARM (with Shoulder Strap)	<input type="checkbox"/>	<input type="checkbox"/>
(106) FOREARM (with Gauntlet)	<input type="checkbox"/>	<input type="checkbox"/>	(107-A) FULL ARM GAUNTLET (with Shoulder Strap)	<input type="checkbox"/>	<input type="checkbox"/>

www.normadnd.com