

FORM
G

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



AN ISO 9001 : 2000 COMPANY

CUSTOM - MADE ABDOMINAL BINDER 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

Are You A Diabetic Patient ? Yes No
 Any Diabetic Patient In Family ? Yes No

PATIENT'S NAME MR./ MRS. / MS.

AGE SEX E-MAIL ID

PATIENT'S ADDRESS (INCLUDING PIN CODE)

PIN PHONE
 LANDLINE NO.

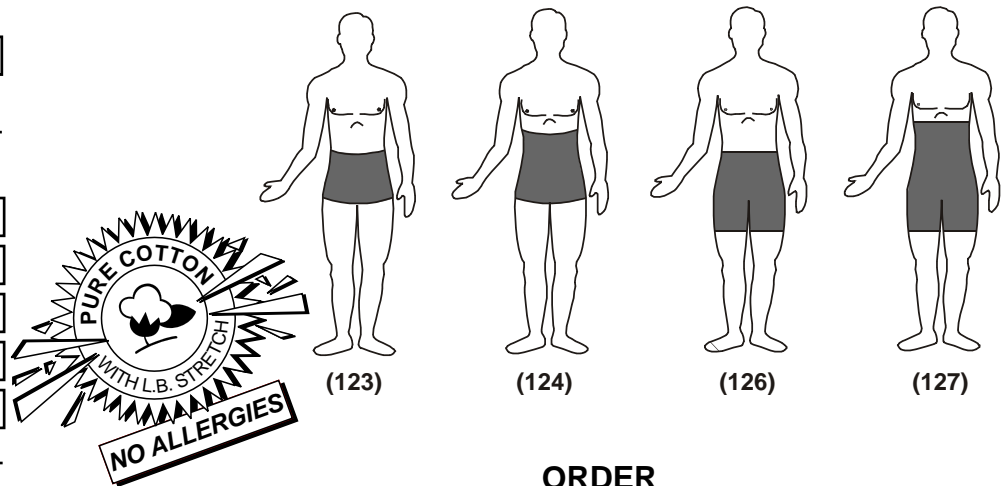
DOCTOR'S NAME

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: ___



ORDER
 (PLEASE INDICATE THE NUMBER OF GARMENTS NEEDED IN THE APPROPRIATE BOX)
 ☆ To maintain hygiene and to increase the life of the binder they should be washed everyday and a clean one should be worn every morning. Hence it is advisable to order for atleast two binders (each) of the selected design(s).

- (123) SIDE OPEN ABDOMINAL BINDER
- (124) SIDE OPEN ABDOMINAL BINDER EXTRA WIDE
- (126) SHORTS TYPE ABDOMINAL BINDER
- (127) SHORT TYPE ABDOMINAL BINDER HIGH WAISTED

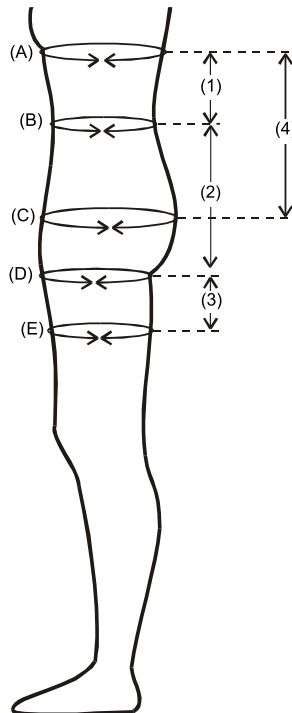
www.normadnd.com

CUSTOM-MADE ABDOMINAL BINDER 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 above the abdomen curve.



MEASUREMENTS
(IN CENTIMETERS)
CIRCUMFERENCE

REQUIRED MEASUREMENTS \ DESIGN	(123)	(124)	(126)	(127)
(A) TOP OF GARMENT				
(B) WAIST ON NAVEL				
(C) MAXIMUM HIP				
(D) GLUTEAL FOLD				
(E) MIDDLE OF THIGH				

LENGTH
(IN CENTIMETER)

(1) A To B	STAND.			
(2) B To C				
(3) D To E (MAXIMUM LENGTH 15 CM.)	WIDTH			
(4) A To C				
	25 CMS.			

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

ANY ADDITIONAL INFORMATION

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