

Form 6-A Lymphoedemas Tailor-made

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Patient			Age	<u></u> □0 □0"
Orthopaedics / Distributor				<u> </u>
Prescribing Doctor / Centre				
Address				
Town	Post code	Province		
Telephone	e-mail			Stamp
LC-501 Glove with fingers to the nail		Beige -	Coffee Black	
LC-501.1 Elbow-length glove with fingers to the nail			Beige	Coffee Black
Have you ordered, for this patient, the	e same or similar ga	arment before? NO	YES	
Compression degree	Characteristics			
Class 1 = Low	In case of glove with full sleeve, please mark your preference:			
Class 2 = Medium	ONE PIECE	SEPARATE		
Class 3 = High				
Hand				
Right Left	Please, add to this form, the corresponding form for the full sleeve			
Quantity	FORM 7			
		Measurements should Measurements should care to complete them	oe taken first thing i oe taken with a met	
Remarks			Order Lot Lot Lote	