

Form 6-B Lymphoedemas Tailor-made

Patient		Age	
Orthopaedics / Distributor			
Prescribing Doctor / Centre		-	
Address			
Town	Post code Province		
Telephone	e-mail		Stamp
LC-502 Glove with fingers LC-502.1 Elbow-length glov	s to the knuckle ve with fingers to the knuckle		Coffee Black Coffee
Have you ordered, for this patien	t, the same or similar garment before?	NO YES	
Degree of compression Class 1 = Low Class 2 = Medium Class 3 = High	Characteristics In case of glove with full sleeve, pleas ONE PIECE SEPARATE	e mark your preferenc	ee:
Hand Right Left Quantity	Please, add to this form, the correspo	nding form for the full	sleeve
	W A	ould be taken first thing in ould be taken with a metr	
Remarks		Order Lot L	
		Date	