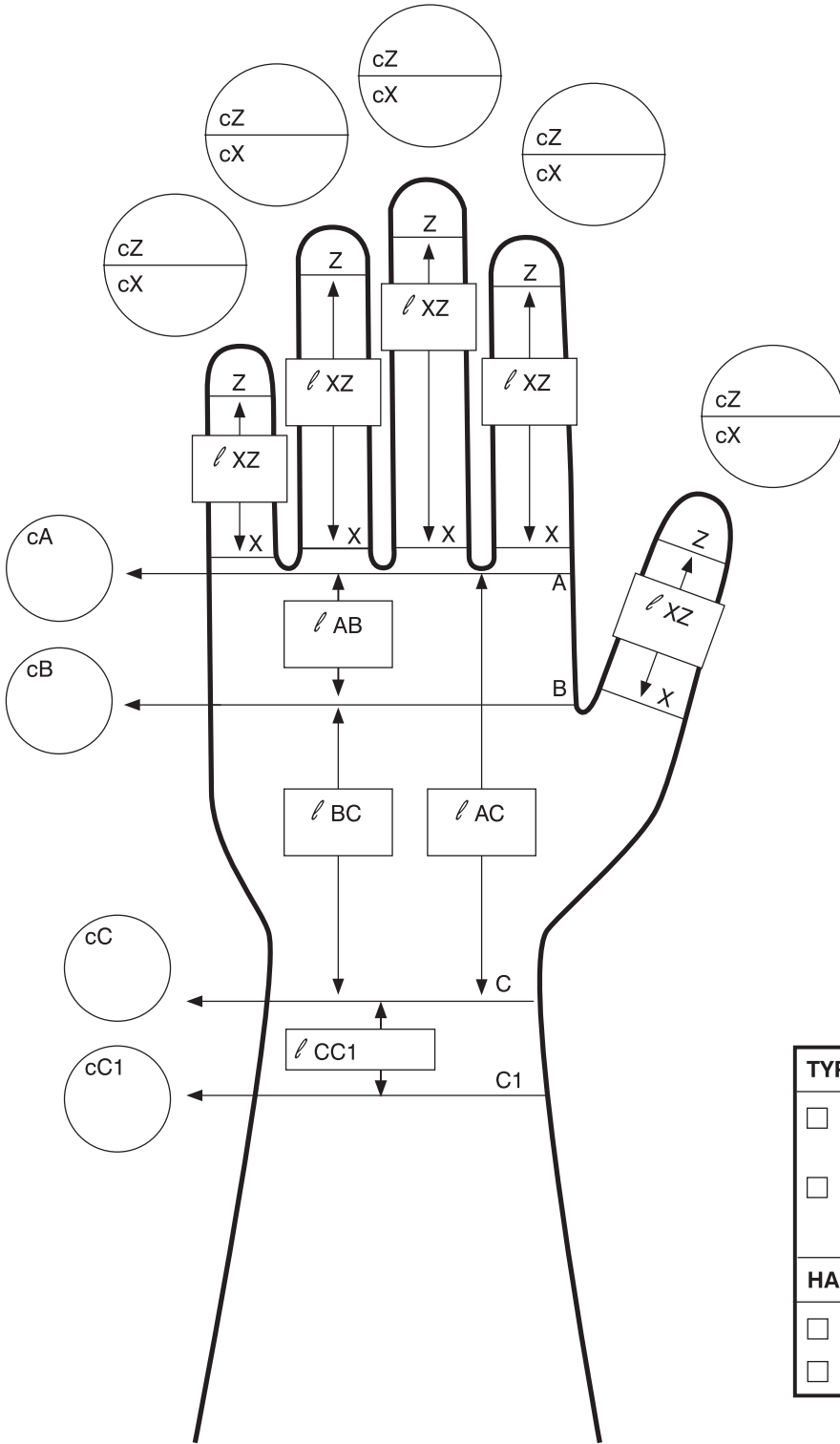


Order to MEDIS via fax: 021 982 8311 or email: orders@medismedical.com

Date:..... Patient's Name:.....

Customer:..... Signature:.....

Stamp



○ Circumferences  
 □ Lengths

**POINTS OF MEASURE:**

- Point A: Base of fingers
- Point B: Origin of thumb
- Point C: Wrist's palmer fold
- Point C1: 5cm above point C
- Point X: Origin of the finger
- Point Z: Base of nail

TYPE		COMPRESSION			
<input type="checkbox"/>	Mitten	Ccl	1	2	3
<input type="checkbox"/>	With fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HAND	QUANTITY	COLOUR			
<input type="checkbox"/> Right	<input type="checkbox"/> Pair _____	<input type="checkbox"/> Beige			
<input type="checkbox"/> Left	<input type="checkbox"/> Units _____				

**SPECIAL REQUEST**

.....

.....

.....

.....