

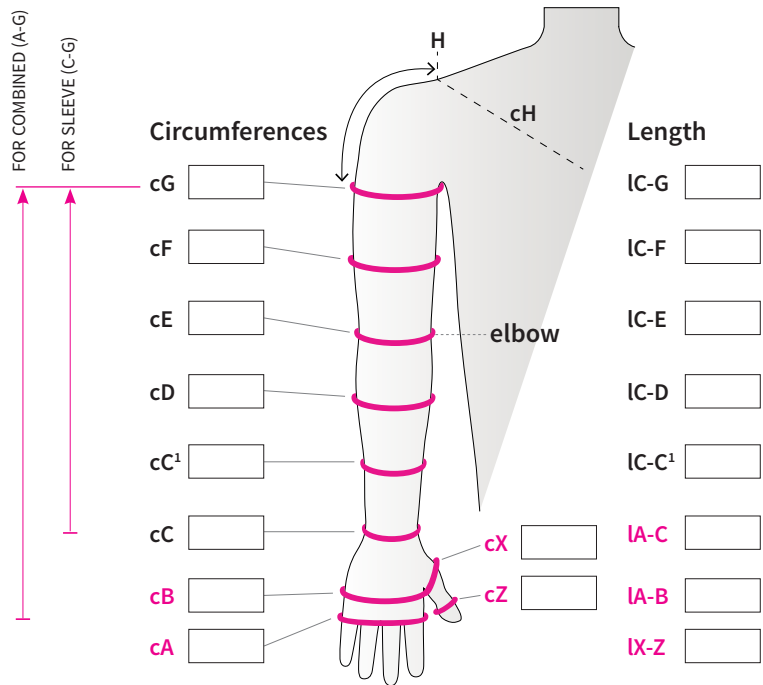
| | | |
|----------------------------|-------------------------------|------|
| 1 Clinical contact: | To be completed by Pharmacist | |
| Patient's Name: | Delivery Address: | |
| Measured by: | Date: | |
| Contact Tel: | Email: | Tel: |

mediven® esprit made to measure FP10/GP10 armsleeve/glove/handpiece

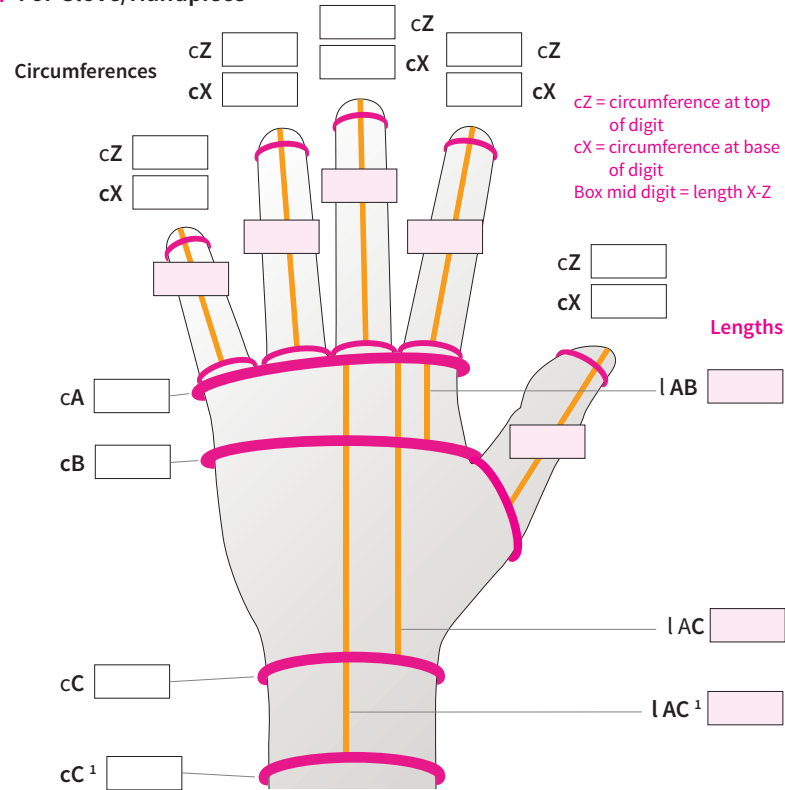
Please complete all boxes relevant to your request

2 Armsleeve

Circumference and length measurements
C-G for sleeve only
A-G for combined sleeve (no fingers) please complete all measurements in this box
A-G for combined sleeve with fingers, please complete this box and box 4.



4 For Glove/Handpiece



Handpiece (no fingers)
Left or Right

Glove
Left or Right

Fingers
Open or Closed

5 Compression class:

| Tick ccl required | 1 | 2 | 3 |
|-------------------|---|---|---|
| glove/handpiece | | | |
| sleeve | | | |
| *combined sleeve | | | |

*combined sleeve is same compression throughout

6 Colour:

- | | |
|---|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Sand |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Caramel |
| <input type="checkbox"/> Anthracite* | <input type="checkbox"/> Magenta* |
| <input type="checkbox"/> Cashmere* | <input type="checkbox"/> Mango Yellow* |
| <input type="checkbox"/> Grey* | <input type="checkbox"/> Blue-Jeans* |
| <input type="checkbox"/> Avocado Green* | |

*optional - extended delivery period. If no colour specified, caramel will be supplied.

7 Patterns

| | Design Elements One tone (tick) | Design Elements Two tone (tick) |
|---------|---------------------------------|---------------------------------|
| Nature | | |
| Dots | | |
| Stripey | | |
| Classic | | |

8 Optional Extras

- Silicone Topband 2.5cm 5cm
- Zip Position _____
- Shoulder cap Length from G- H _____ cm
- Bra attachment
- Shoulder strap _____ cm
(circumference around the body for strap length h-h)

9 Quantity _____

3 Armsleeve Style

- Left or Right
- Sleeve (C - G) combined sleeve with fingers (A-G)



Tips for ordering:

- Ensure all relevant sections are completed, including patient name or number.
- Attach a prescription for “mediven esprit flat knit made-to-measure”
- **PHARMACY:** please advise us if invoice and delivery address are different.
- Prescription must include base garment and any additions ie: esprit ccl1 armsleeve with zip is DTECG1 and DTZIP.

Notes:

| Product Codes | ccl1 | ccl2 | ccl3 |
|--|--------|--------|--------|
| esprit armsleeve | DTECG1 | DTECG2 | DTECG3 |
| esprit combined armsleeve with handpiece | DTEAG1 | DTEAG2 | DTEAG3 |
| esprit combined armsleeve with fingers | DTEAF1 | DTEAF2 | DTEAF3 |
| esprit handpiece | DTEHP1 | DTEHP2 | DTEHP3 |
| esprit glove | DTEGV1 | DTEGV2 | DTEGV3 |
| Add | | | |
| Shoulder Cap | | DTESC | |
| Silicone Topband | | DTTB | |
| Zip | | DTZIP | |