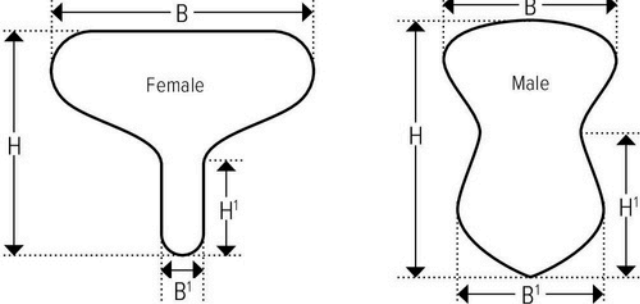
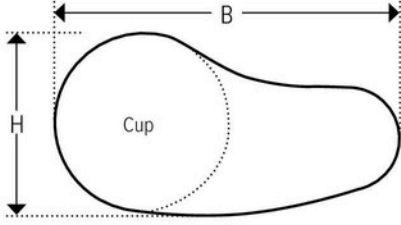
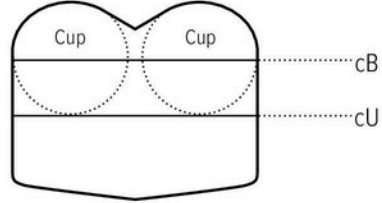
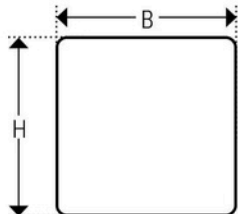


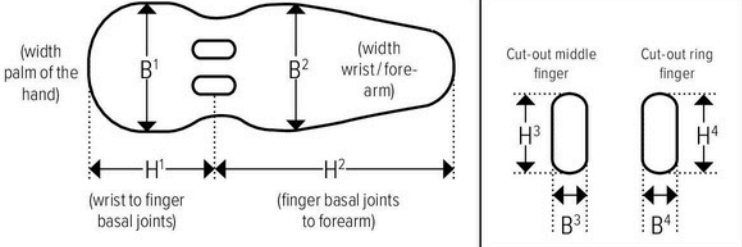
Company stamp, phone (in block letters)	Patient details <input type="checkbox"/> Photo documentation will follow by e-mail ¹	
	Order no.?:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Diverse
	Order number / process number:	Previous order no. / Quotation no. / Date:
Contact person:	Quantity: Piece	Customer no.:

	Genital pad <input type="checkbox"/> Female (Art. 6839) <input type="checkbox"/> Male (Art. 6840) Quantity: Quantity: Measurements in cm H (belly / max. novel to crotch): H ¹ (bottom of pubic bone to perineum): B (between the hip joints): B ¹ (width crotch / scrotum):
---	---

	Breast Pad (Art. 6837) Quantity: Measurements in cm Cup: H (length entire chest along sternum): B (breast bone to shoulder blade):
---	---

	Breast bandage (Art. 6838) Quantity: Cup: Measurements in cm cB (breast circumference): cU (underbreast circumference):
---	--

	Pad <input type="checkbox"/> Elbow joint (Art. 6842) <input type="checkbox"/> Knee joint (Art. 6845) Quantity: Quantity: Measurements in cm H (max. 16 cm): H (max. 23 cm): B (max. 13 cm): B (max. 19 cm):
---	--

	Hand Pad (Art. 6844) Quantity: Measurements in cm H ¹ : B ¹ : H ² : B ² : Cut-out middle finger · H ³ : B ³ : Cut-out ring finger · H ⁴ : B ⁴ :
---	---

