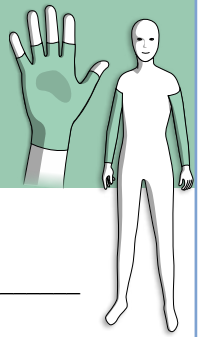


# 39330/39333 I/39335/39336 Glove 39340 Sleeve Order Form

elements  
body



## Patient information

Patient ID \_\_\_\_\_

When ordering, please enter the previous order number. \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

Weight \_\_\_\_\_ Height \_\_\_\_\_

Diagnosis \_\_\_\_\_

Has the Patient used Elements Body before?  Yes  No

Requested Delivery Date \_\_\_\_\_

## Purchase information

Company name \_\_\_\_\_

Clinician \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_

Order no. \_\_\_\_\_

Phone contact \_\_\_\_\_

Delivery address \_\_\_\_\_

*By submitting this form you are certifying that personal data has been processed in compliance with GDPR (EU) 2016/679. The data will be processed only to the extent necessary to deliver ordered products.*

*Due to the Data Privacy Regulation GDPR (EU) 2016/679) this form must be submitted through <https://submit.allardsupport.com>.*

## Style

## Item No.

## Quantity

- |  |            |       |
|--|------------|-------|
| <input type="checkbox"/> Short Glove without Fingers (up to the Elbow) | 39330 0000 | _____ |
| <input type="checkbox"/> Short Glove with Fingers (up to the Elbow)    | 39331 0000 | _____ |
| <input type="checkbox"/> Long Glove without Fingers                    | 39335 0000 | _____ |
| <input type="checkbox"/> Long Glove with Fingers                       | 39336 0000 | _____ |
| <input type="checkbox"/> Sleeve only                                   | 39340 0000 | _____ |

## Antislip styles

Antislip edging  Yes  No

Antislip palm and thumb  Yes  No

or

Antislip full palm, fingers and thumb  Yes  No

## Zipper styles Glove

Dorsal  Ulnar

## Zipper styles Sleeve and Long Glove

Dorsal  Ulnar

Full length, proximal open zip  Full length, proximal closed zip  Below Elbow

**CAMP**<sup>®</sup>  
SCANDINAVIA

Tel  
E-post  
Web

SVERIGE  
042-25 27 00  
info@camp.se  
camp.se

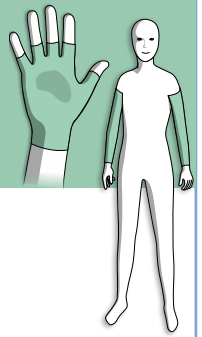
DANMARK  
43 96 66 99  
info@camp.dk  
camp.dk

FINLAND  
09-350 76 30  
info@camp.fi  
camp.fi

NORGE  
23 23 31 20  
info@camp.no  
camp.no

# 39330/39333 I/39335/39336 Glove 39340 Sleeve Order Form

elements  
body



Patient ID \_\_\_\_\_

**Colour Options** (For children under the age of 3, only Beige Fabric and Beige Reinforcements can be offered)

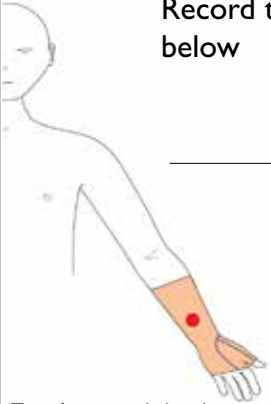
- |                      |                                   |                                     |                                 |                                 |                                 |                                     |
|----------------------|-----------------------------------|-------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| <b>Fabric</b>        | <input type="checkbox"/> Beige    | <input type="checkbox"/> Black      | <input type="checkbox"/> Purple | <input type="checkbox"/> Pink   | <input type="checkbox"/> Blue   | <input type="checkbox"/> Red        |
| <b>Reinforcement</b> | <input type="checkbox"/> Beige    | <input type="checkbox"/> Black      | <input type="checkbox"/> Space  | <input type="checkbox"/> Coral  | <input type="checkbox"/> Jungle | <input type="checkbox"/> Comic Blue |
| <b>Thread</b>        | <input type="checkbox"/> Beige    | <input type="checkbox"/> Black      | <input type="checkbox"/> Purple | <input type="checkbox"/> Pink   | <input type="checkbox"/> Blue   | <input type="checkbox"/> Red        |
|                      | <input type="checkbox"/> Hot pink | <input type="checkbox"/> Light blue | <input type="checkbox"/> Green  | <input type="checkbox"/> Orange |                                 |                                     |

**Transfers:** Choose transfer (Please refer to latest transfer list available) and enter letter below.

**Transfers:**  Yes  No

Record transfer letter below

\_\_\_\_\_



Transfer can only be place on the inside of the forearm