

39310, 39311, 39312 Suit 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

Required 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>.

Suit Style	Item No.	Quantity	Suit Style	Item No.	Quantity
<input type="checkbox"/> Suit Sleeveless/Short Leg	39310 0011	_____	<input type="checkbox"/> Suit Short Arm/Long Leg	39311 0013	_____
<input type="checkbox"/> Suit Sleeveless/Long Leg	39310 0013	_____	<input type="checkbox"/> Suit Short Arm/¾ Leg	39311 0012	_____
<input type="checkbox"/> Suit Sleeveless/¾ Leg	39310 0012	_____	<input type="checkbox"/> Suit Long Arm/Short Leg	39312 0011	_____
<input type="checkbox"/> Suit Short Arm/Short Leg	39311 0011	_____	<input type="checkbox"/> Suit Long Arm/Long Leg	39312 0013	_____
			<input type="checkbox"/> Suit Long Arm/¾ Leg	39312 0012	_____

Crotch Open Closed

Zipper styles

Zipper Front No zip Closed Open from bottom to top (only for open crotch)
 Open from top to bottom (only for open crotch)
Closed Front Zipper Length _____ cm

Zipper Back No zip Closed Open from bottom to top (only for open crotch)
 Open from top to bottom (only for open crotch)
Closed Back Zipper Length _____ cm

Velcro Stop for Zipper Yes No

Short leg (Inside) Velcro Zipper Open from top to bottom Open from bottom to top None

Short Leg (outside) Zipper None

OR

Long leg Front (Patient wears AFO) Zipper outside None

Instep Yes No

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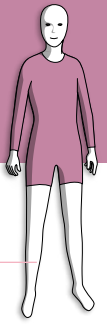
DANMARK
43 96 66 99
info@camp.dk
camp.dk

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

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

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Patient ID _____

Neckline

- Deeper Neckline on front (Fill out measurement ND)
 Wider Neckline (Fill out measurement NS)
 Deeper Neckline at back (Fill out measurement BD)

Gastro Hole

- Yes No

Cover for Gastro Hole

- Yes No

OR Zipper for Gastro Hole

- Yes No

Anti-Slip Short Sleeve

- Yes Left Right No

Anti-Slip Short Leg

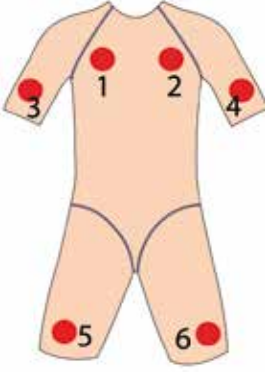
- Yes Left Right No

Colour Options (For children under the age of 3, only beige Fabric and beige reinforcements are available)

- | | | | | | | |
|----------------------|-----------------------------------|-------------------------------------|---------------------------------|---------------------------------|----------------------------------|-------------------------------------|
| Fabric | <input type="checkbox"/> Beige | <input type="checkbox"/> Black | <input type="checkbox"/> Purple | <input type="checkbox"/> Pink | <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| Reinforcement | <input type="checkbox"/> Beige | <input type="checkbox"/> Black | <input type="checkbox"/> Space | <input type="checkbox"/> Coral | <input type="checkbox"/> Djungle | <input type="checkbox"/> Comic Blue |
| Thread | <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: Yes No

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



Record transfer letter in position required

1. Right Chest _____

2. Left Chest _____

3. Right Arm _____

4. Left Arm _____

5. Right Thigh _____

6. Left thigh _____