



Patient _____

Date _____

Measured By _____

F0002
F0002-003 ver.04

Clinic _____

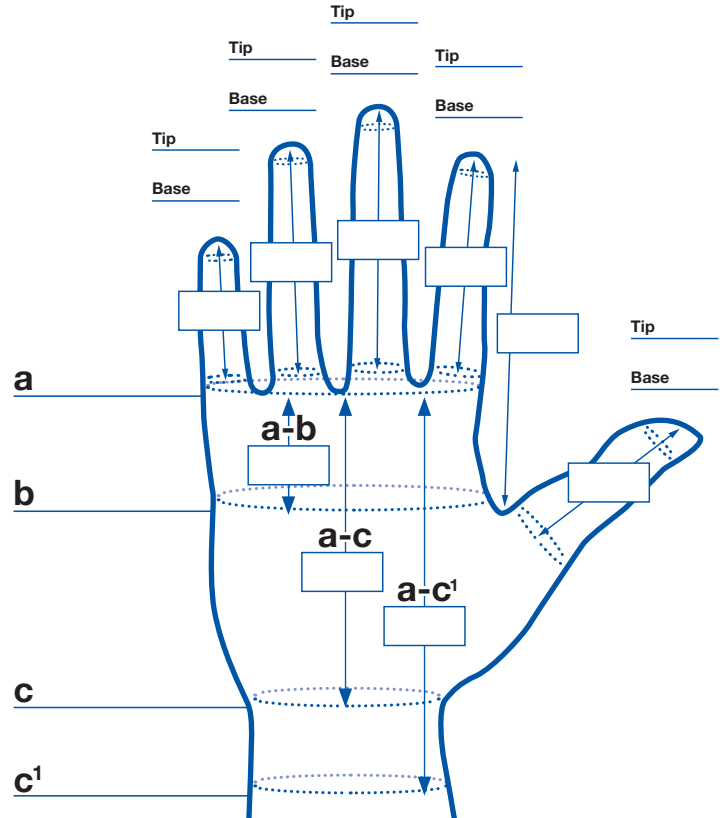
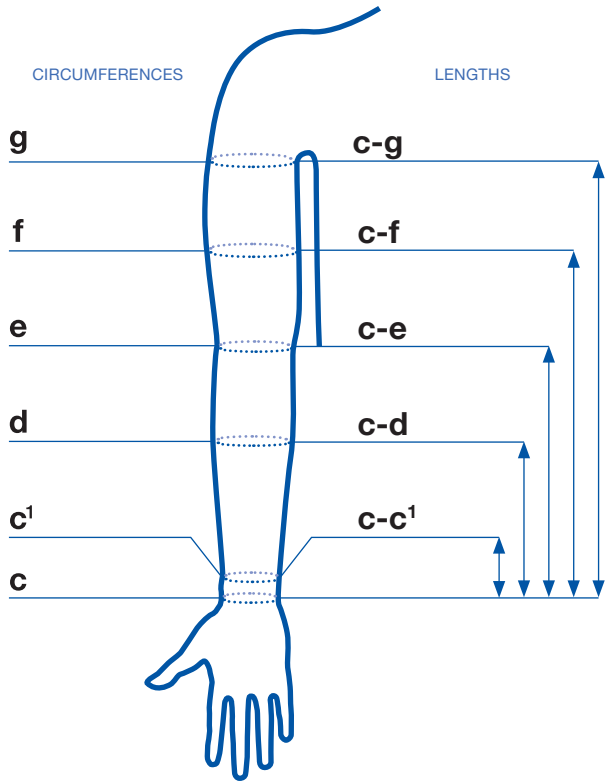
Order No _____

orders@jackson-allison.co.nz
Fax: 09 622 1234 | Tel: 0800 333103

Postcode _____

Tel / E-mail _____

1 STYLE & MEASUREMENTS



2 FABRIC

3 GRIP TOP

4 COLOUR

RAL	CIRCULAR KNIT			FLAT KNIT			
	VENEX	DOKTUS	STAR COTTON	PERTEX LIGHT	PERTEX	GOLDPUNKT	MICROFINE
CLASS 1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
CLASS 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	20-36mmHg <input type="checkbox"/>
CLASS 3		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

- 3cm PLAIN
- 5cm STRONG PLAIN
- 5cm FINE LACE
- 5cm STRONG LACE
- 4cm NON-SILICONE BAND

5 QUANTITY

RIGHT

LEFT

SPECIAL OPTIONS

PADDINGS & LININGS

TYPES	TYPE _____		TYPE _____		TYPE _____	
	AT _____	AT _____	AT _____	AT _____	AT _____	AT _____
	HEIGHT _____	HEIGHT _____	HEIGHT _____	HEIGHT _____	HEIGHT _____	HEIGHT _____
	WIDTH _____	WIDTH _____	WIDTH _____	WIDTH _____	WIDTH _____	WIDTH _____
	LEG(S) _____	LEG(S) _____	LEG(S) _____	LEG(S) _____	LEG(S) _____	LEG(S) _____
	FRONT <input type="checkbox"/>	BACK <input type="checkbox"/>	FRONT <input type="checkbox"/>	BACK <input type="checkbox"/>	FRONT <input type="checkbox"/>	BACK <input type="checkbox"/>
	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>

FINGERS



FASTENINGS

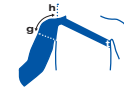
FLAT KNIT ONLY



FROM: _____ TO: _____

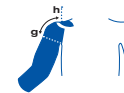
FRONT BACK INSIDE OUTSIDE

SLEEVE FINISHING



SHOULDER CAP & ADJUSTABLE STRAP

g-h _____ g-t _____
Circumference



SHOULDER CAP & BRA ATTACHMENT

g-h _____



SLANT TOP
FLAT KNIT ONLY

COMMENTS _____

CUSTOM-ONLINE NO.
HC

REPEAT NO.
M