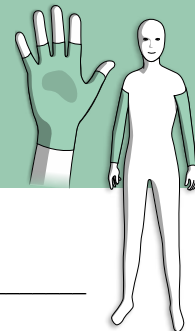


39330/39333 I/39335/39336 Glove 39340 Sleeve Order Form

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

☐ Short Glove without Fingers (up to the Elbow)

☐ Short Glove with Fingers (up to the Elbow)

☐ Long Glove without Fingers

☐ Long Glove with Fingers

☐ Sleeve only

Item No.

39330 0000

39331 0000

39335 0000

39336 0000

39340 0000

Quantity

Anti-slip styles

Anti-slip edging ☐ Yes ☐ No

Anti-slip palm and thumb ☐ Yes ☐ No

or

Anti-slip full palm, fingers and thumb ☐ Yes ☐ No

Zipper styles Glove

☐ Dorsal ☐ Ulnar

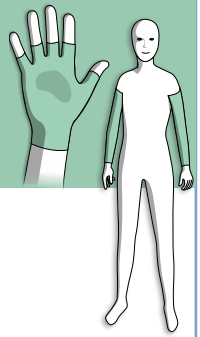
Zipper styles Sleeve and Long Glove

☐ Dorsal ☐ Ulnar

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

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

elements
body



Patient ID _____

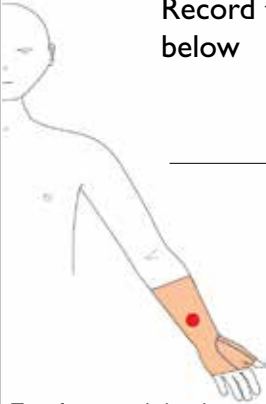
Colour Options (For children under the age of 3, only Beige Fabric and Beige Reinforcements can be offered)

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"/> Jungle	<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: 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