

Fax order form to 021 982 8211 or email to orders@medismedical.com

Stamp/Signature

Patient _____

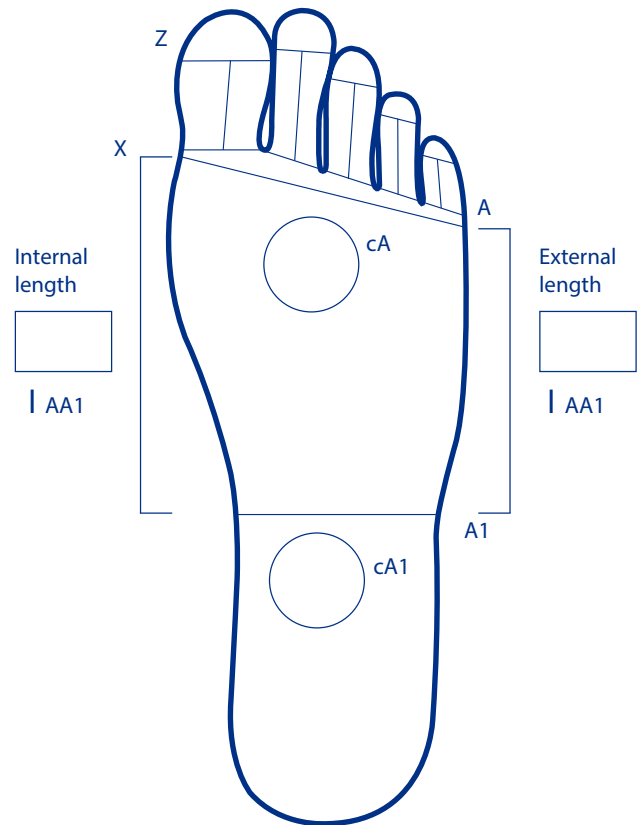
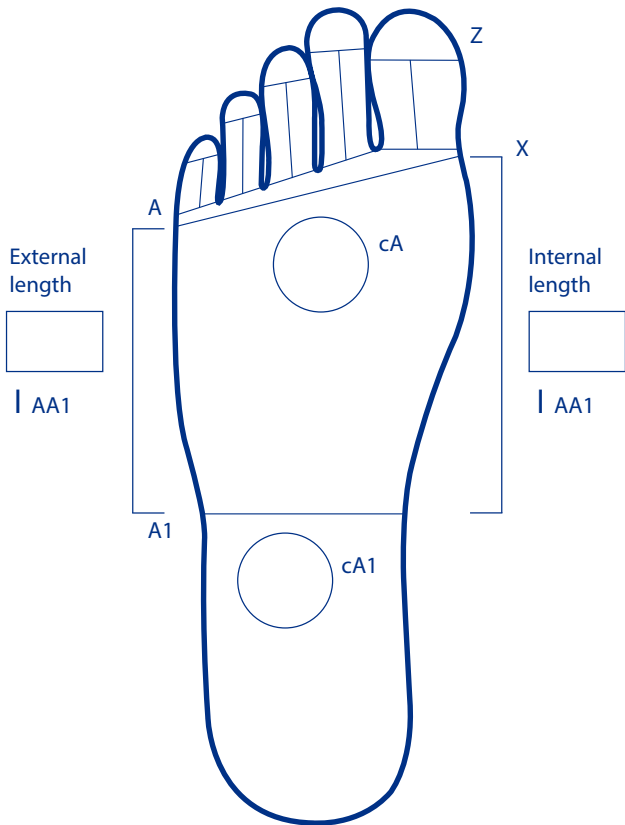
Date _____

LEFT TOES CIRCUMFERENCES AND LENGTHS

RIGHT TOES CIRCUMFERENCES AND LENGTHS

	V°	IV°	III°	II°	I°
I xZ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
cZ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
cX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	I°	II°	III°	IV°	V°
I xZ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
cZ	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
cX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



<p>COMPRESSION</p> <p>Ccl. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> STRONG</p>	<p>QUANTITY</p> <p><input type="checkbox"/> Left _____</p> <p><input type="checkbox"/> Right _____</p>	<p>CAP TIPOLOGY</p> <p><input type="checkbox"/> 4 left toes <input type="checkbox"/> 4 right toes</p> <p><input type="checkbox"/> 5 left toes <input type="checkbox"/> 5 right toes</p>	<p><input type="checkbox"/> PAD</p> <p>Please indicate pad positioning and dimension</p>
<p>CAP OPTIONS</p> <p><input type="checkbox"/> 5° drop shaped 5th toe</p>		<p>FOR 4 TOE CAP PLEASE INDICATE CX V° TOE</p>	<p><input type="checkbox"/> Microfibre ribbon</p>

<p>SPECIFIC REQUESTS</p>	<p>COLOURS</p> <table border="0"> <tr> <td><input type="checkbox"/> 106 ivory</td> <td><input type="checkbox"/> 450 fuchsia</td> <td><input type="checkbox"/> 608 forest green</td> </tr> <tr> <td><input type="checkbox"/> 604 havana*</td> <td><input type="checkbox"/> 545 navy blue</td> <td><input type="checkbox"/> 820 grey</td> </tr> <tr> <td><input type="checkbox"/> 112 sand</td> <td><input type="checkbox"/> 535 blulette</td> <td><input type="checkbox"/> 862 black</td> </tr> <tr> <td><input type="checkbox"/> 420 coral</td> <td><input type="checkbox"/> 515 light blue</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 440 carmine</td> <td><input type="checkbox"/> 607 turquoise green</td> <td></td> </tr> </table> <p>*Standard colour for VARISAN * FLAT - other colours available on request</p>	<input type="checkbox"/> 106 ivory	<input type="checkbox"/> 450 fuchsia	<input type="checkbox"/> 608 forest green	<input type="checkbox"/> 604 havana*	<input type="checkbox"/> 545 navy blue	<input type="checkbox"/> 820 grey	<input type="checkbox"/> 112 sand	<input type="checkbox"/> 535 blulette	<input type="checkbox"/> 862 black	<input type="checkbox"/> 420 coral	<input type="checkbox"/> 515 light blue		<input type="checkbox"/> 440 carmine	<input type="checkbox"/> 607 turquoise green	
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