

Customer n° (filled in by Lymed)

Last names
First names
Date of birth / ID number
Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/> New customer <input type="checkbox"/> Reorder without changes <input type="checkbox"/> Reorder with changes <input type="checkbox"/> Repair

Date of order
Measurer
Phone n° / email
Name of the hospital / medical center / care unit
Name of the distributor : OTTIMEDI
Order n° of the distributor (filled in by Ottimedi)

APPLICATION

SKIN | GARMENTS FOR SCAR TREATMENT

- ☐ Normal pressure level
☐ Lightened pressure level

INTERIM & LIGHT | LIGHT PRESSURE GARMENTS

- ☐ Scar treatment

COMPRESSION | MEDICAL COMPRESSION GARMENTS

- ☐ 1. CCL
☐ 2. CCL
☐ 3. CCL
☐ 4. CCL
☐ Other _____

POST-OPERATION | POST-OPERATIONAL GARMENTS

- ☐ Surgical aftercare

SENSE | 3D SUPPORTING GARMENTS FOR THERAPY

- ☐ Erb's palsy right ☐ left ☐ (incl. washing bag)
☐ Serratus anterior palsy right ☐ left ☐ (incl. washing bag)
☐ Cerebral palsy
☐ Autism
☐ Pain treatment with
☐ Progressive pressure, CCL: _____ (only P91, P40*)
☐ Even pressure, light (only P50*)
☐ Even pressure, medium (only P91, P40*)
☐ Even pressure, strong (only P91, P40*)
☐ Other _____

MODEL

PRODUCT	PRODUCT n°	PCS
Vest	_____	_____
Sleeve	_____	_____
Glove	_____	_____
Sleeve-glove	_____	_____
Sock	_____	_____
Body	_____	_____
Trousers	_____	_____
Leg	_____	_____
Headpiece	_____	_____
Other	_____	_____

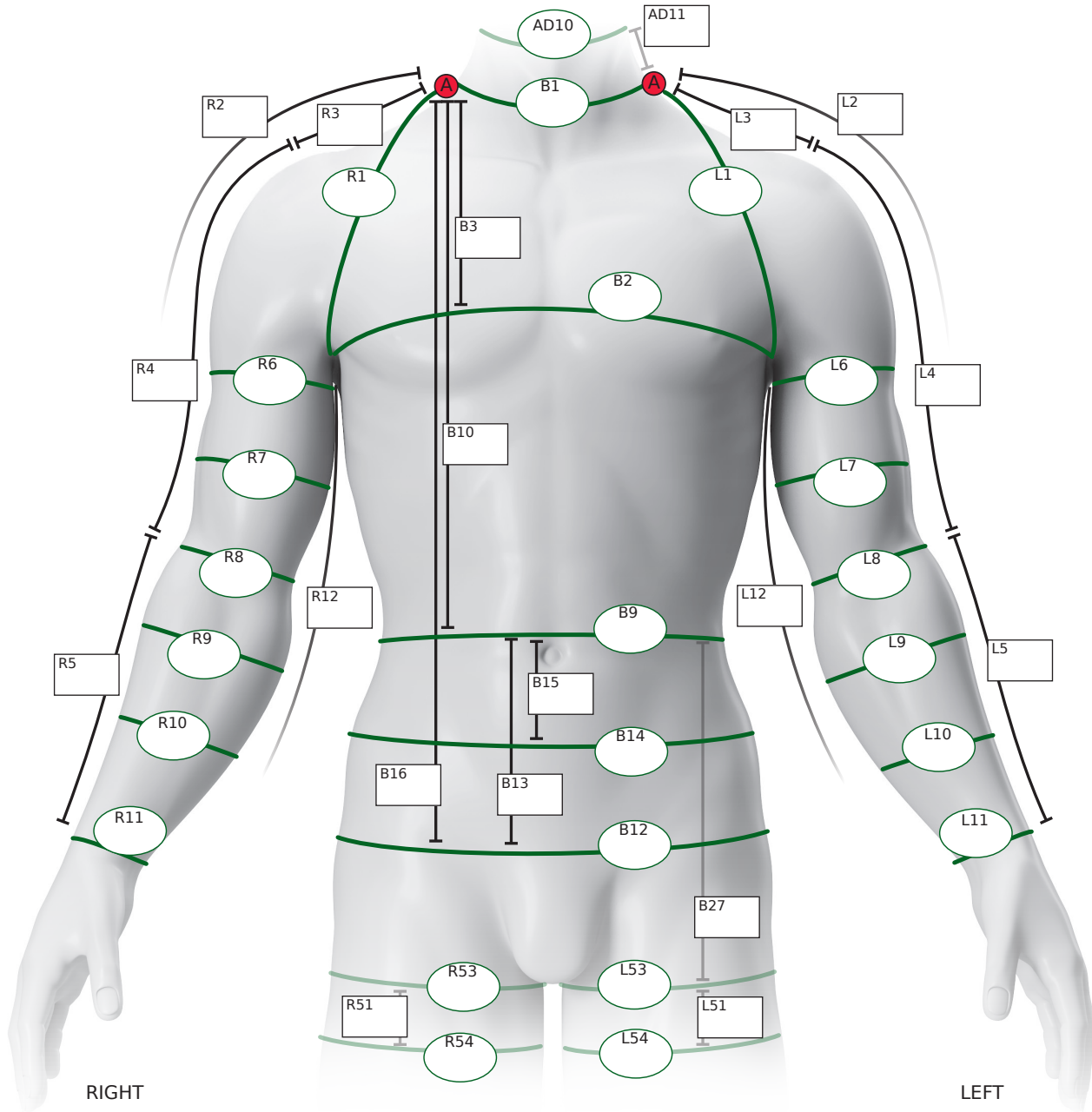
Additional information

Lymed has general guidelines for recommended usage of the fabrics to guarantee the best possible wear and quality. Unusual fabric choices are possible but can affect the durability of the garment. We do not compensate the product or repair the product without cost when using other than the recommended fabric.

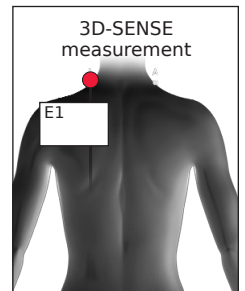
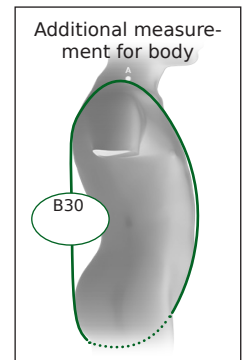
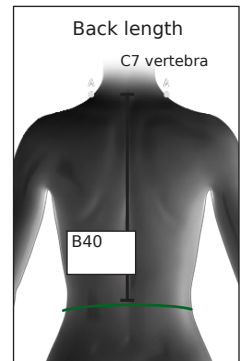
Ottimedi bvba - Heuvelstraat 15 - 3052 Blanden - België - tel. : 0032 16 47 20 60 - fax : 0032 16 50 04 99 - e-mail : info@ottimedi.be

www.lymed.fi

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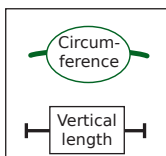


☐ Vest is used together with a sleeve/glove

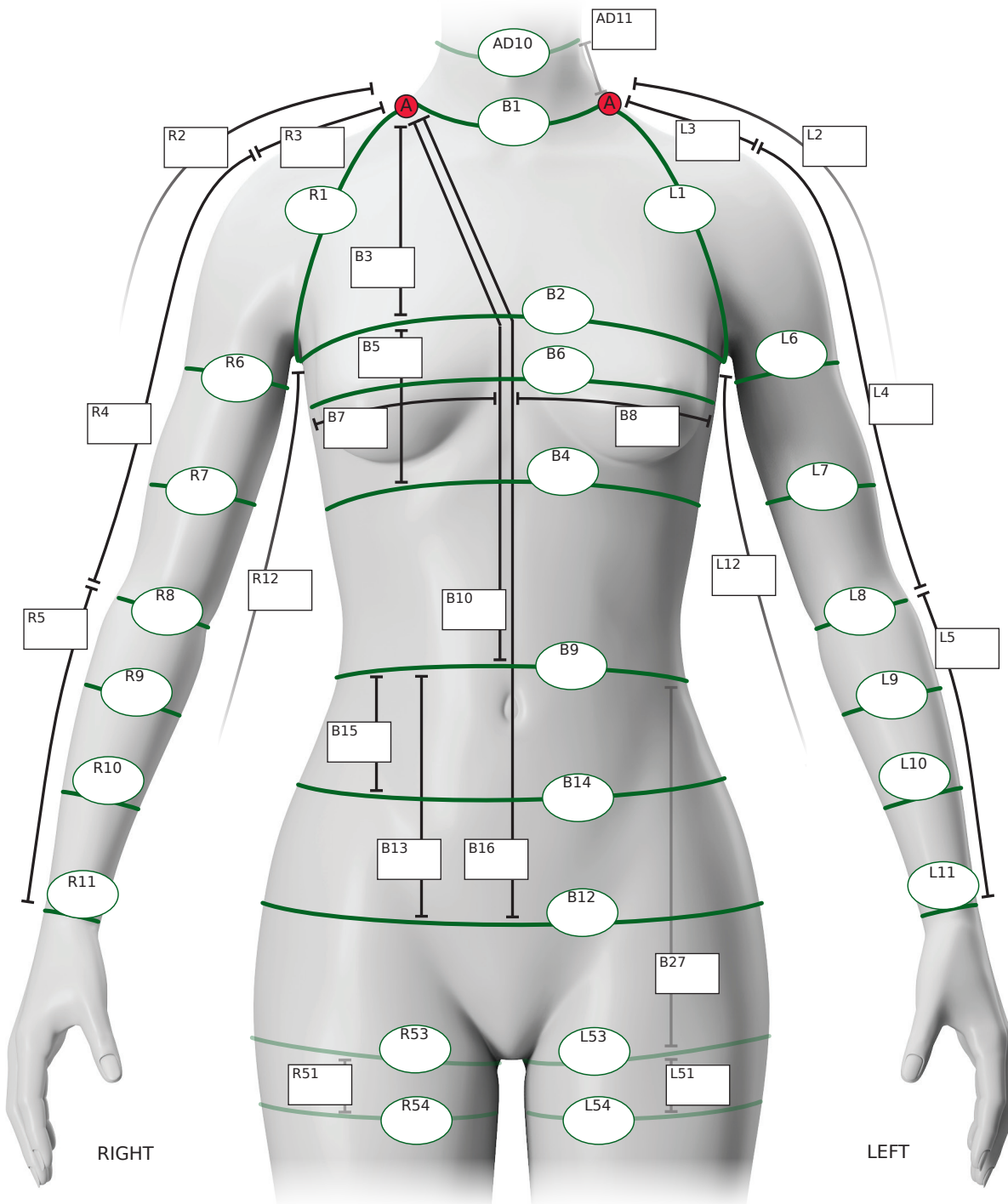


Material <input type="checkbox"/> P91 <input type="checkbox"/> P40 <input type="checkbox"/> P50	Fabric color <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	Seam color <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown	<input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	Emblem <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird	<input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	Fastener <input type="checkbox"/> zipper <input type="checkbox"/> hooks <input type="checkbox"/> front <input type="checkbox"/> back	Zipper color <input type="checkbox"/> seam color <input type="checkbox"/> fabric color	Diaper <input type="checkbox"/> Yes <input type="checkbox"/> No
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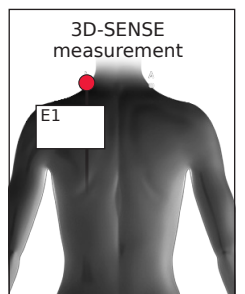
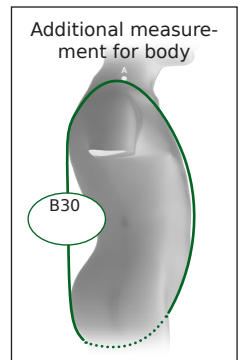
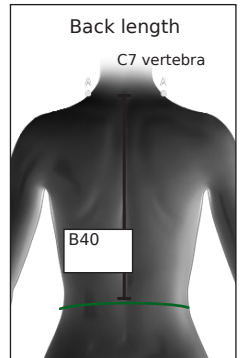
Additional information



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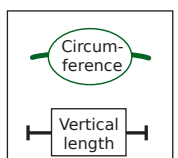


☐ Vest is used together with a sleeve/glove



Material <input type="checkbox"/> P91 <input type="checkbox"/> P40 <input type="checkbox"/> P50	Fabric color <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	Seam color <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown	<input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	Emblem <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird	<input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard	Fastener <input type="checkbox"/> zipper <input type="checkbox"/> hooks <input type="checkbox"/> front <input type="checkbox"/> back	Zipper color <input type="checkbox"/> seam color <input type="checkbox"/> fabric color	Diaper <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional information

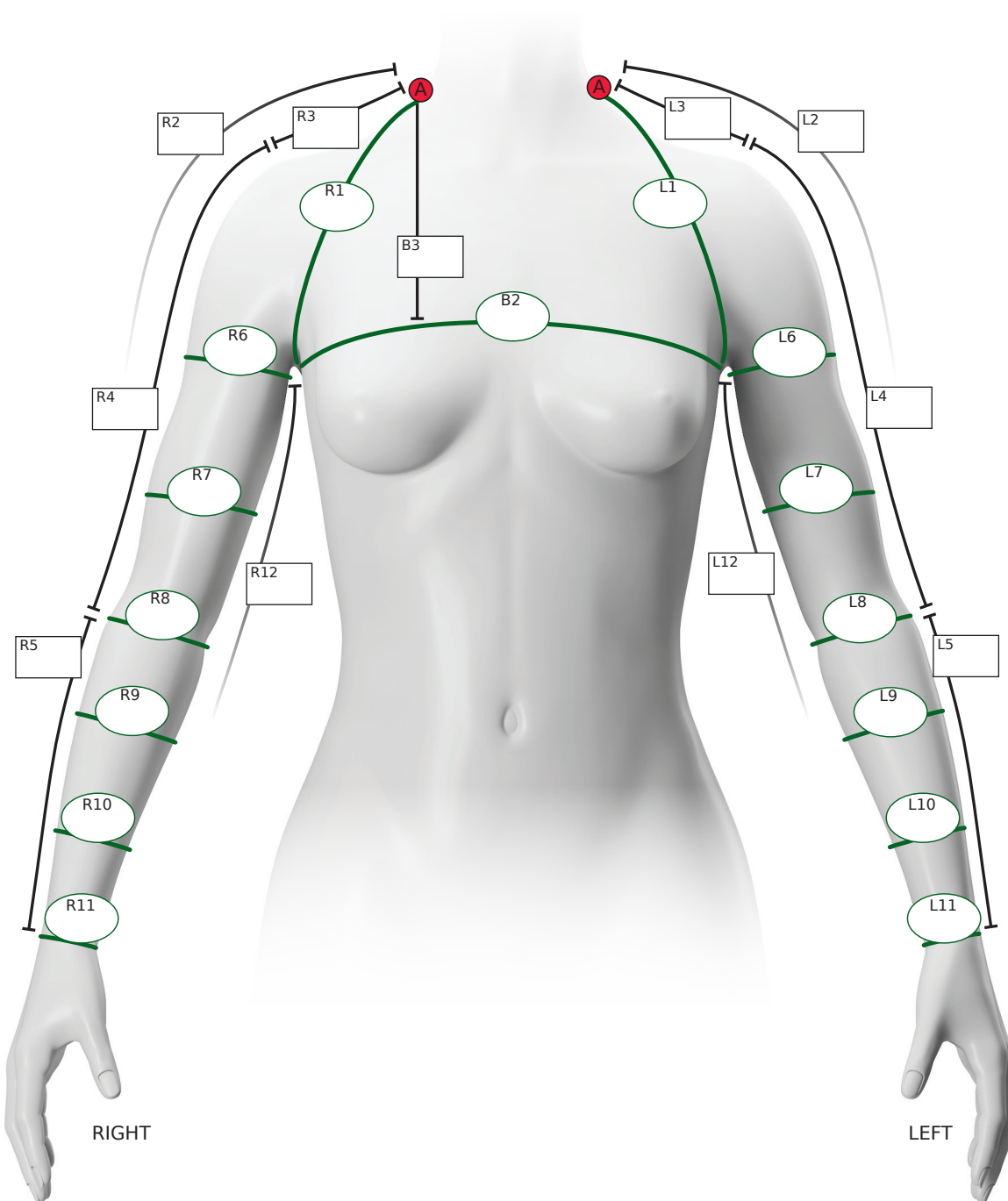


Last names

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SIDE

- ☐ Right sleeve
☐ Left sleeve

- ☐ Sleeve is used together with a glove

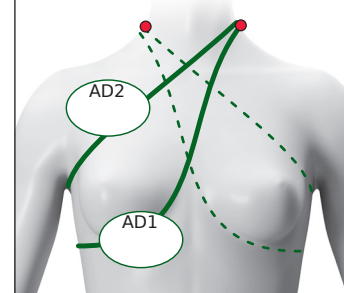
MODEL

- ☐ Sleeve
☐ Sleeve-glove (fill also form 5)

ADDITIONS TO SLEEVES

- ☐ Model 1 (AD1) Shoulder strap
☐ Model 2 (AD2) Shoulder strap
☐ Model 3 Opposite sleeve

ADDITIONAL MEASUREMENTS Model 1 / Model 2



Material

- ☐ P91
☐ P40
☐ P50

Fabric color

- ☐ 01 beige
☐ 02 black
☐ 03 white
☐ 04 grey
☐ 05 blue
☐ 06 red
☐ 07 brown

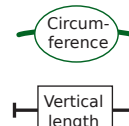
Seam color

- ☐ B1 beige
☐ B2 black
☐ B3 white
☐ B4 grey
☐ B5 blue
☐ B6 red
☐ B7 brown

Emblem

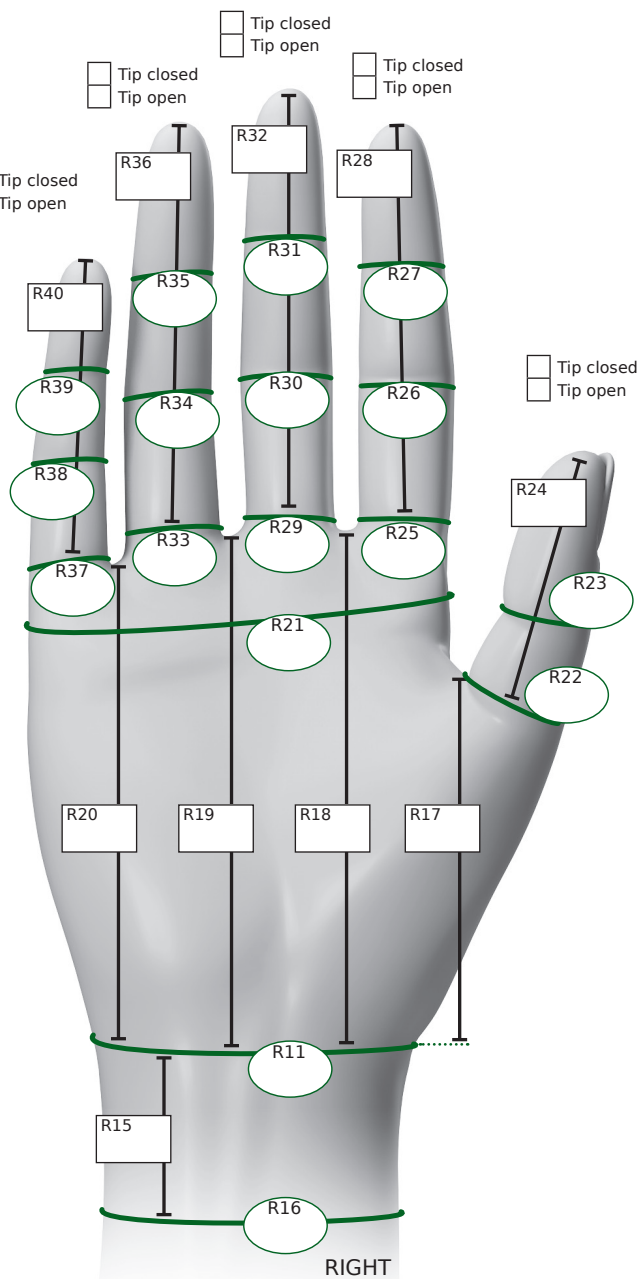
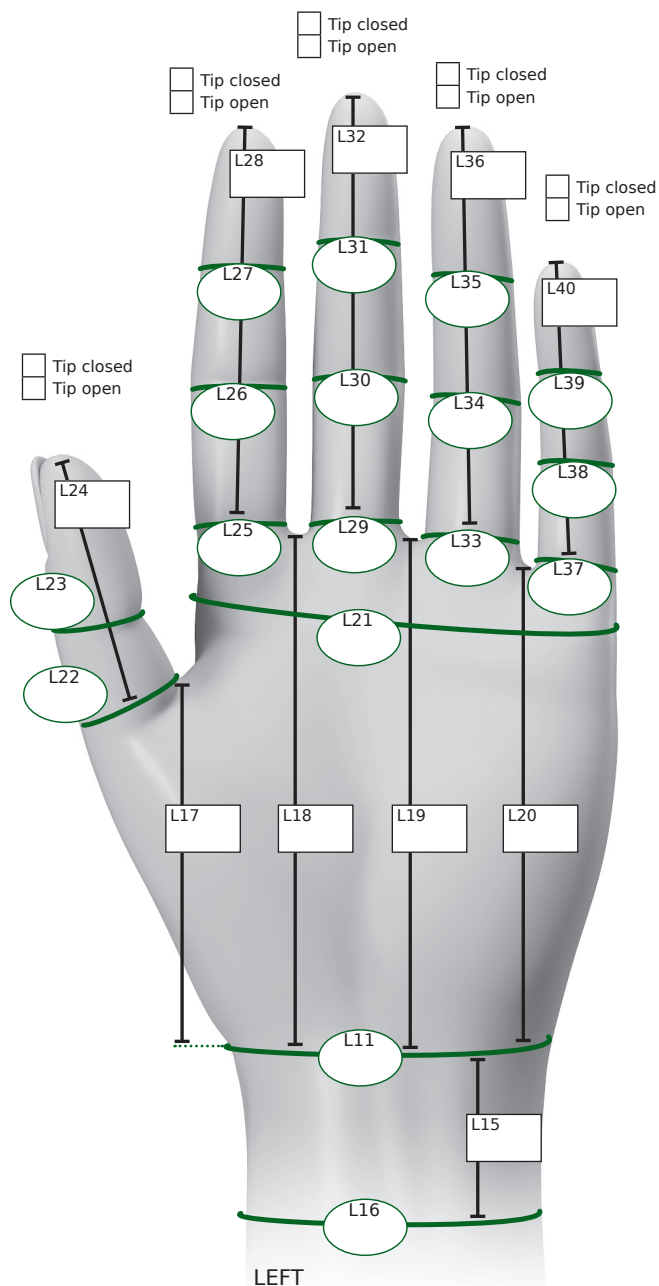
- ☐ A. ladybird
☐ B. frog
☐ C. fly
☐ D. car
☐ E. skull
☐ F. football
☐ G. bird
☐ H. cat
☐ I. dog
☐ J. butterfly
☐ K. flower
☐ L. candy
☐ M. teddy
☐ N. lizard

Additional information



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☐ Glove is used together with a sleeve

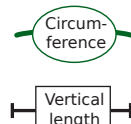


LEFT

RIGHT

Material	Fabric color	Seam color	Emblem	Fastener	Zipper color
<input type="checkbox"/> P91	<input type="checkbox"/> 01 beige	<input type="checkbox"/> B1 beige	<input type="checkbox"/> A. ladybird	<input type="checkbox"/> zipper	<input type="checkbox"/> seam color
<input type="checkbox"/> P40	<input type="checkbox"/> 02 black	<input type="checkbox"/> B2 black	<input type="checkbox"/> B. frog	where and what kind, write to "additional information"	<input type="checkbox"/> fabric color
<input type="checkbox"/> P50	<input type="checkbox"/> 03 white	<input type="checkbox"/> B3 white	<input type="checkbox"/> C. fly		
	<input type="checkbox"/> 04 grey	<input type="checkbox"/> B4 grey	<input type="checkbox"/> D. car		
	<input type="checkbox"/> 05 blue	<input type="checkbox"/> B5 blue	<input type="checkbox"/> E. skull		
	<input type="checkbox"/> 06 red	<input type="checkbox"/> B6 red	<input type="checkbox"/> F. football		
	<input type="checkbox"/> 07 brown	<input type="checkbox"/> B7 brown	<input type="checkbox"/> G. bird		
			<input type="checkbox"/> H. cat		
			<input type="checkbox"/> I. dog		
			<input type="checkbox"/> J. butterfly		
			<input type="checkbox"/> K. flower		
			<input type="checkbox"/> L. candy		
			<input type="checkbox"/> M. teddy		
			<input type="checkbox"/> N. lizard		

Additional information



Last names

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MODEL



☐ Trousers



☐ Thigh-high sock



☐ Trousers with shoulder straps



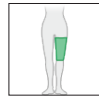
☐ Thigh-high sock with waist strap



☐ Stockings



☐ Knee-high sock (pic 6.2)



☐ Leg



☐ Ankle sock (pic 6.2)

TOES



☐ Closed

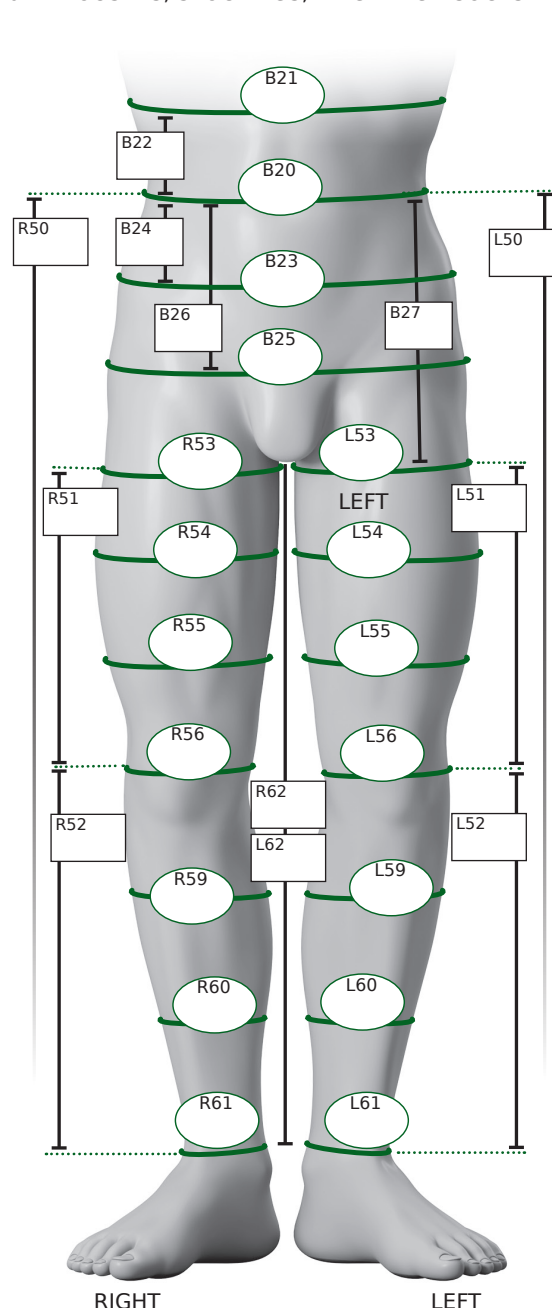


☐ Open

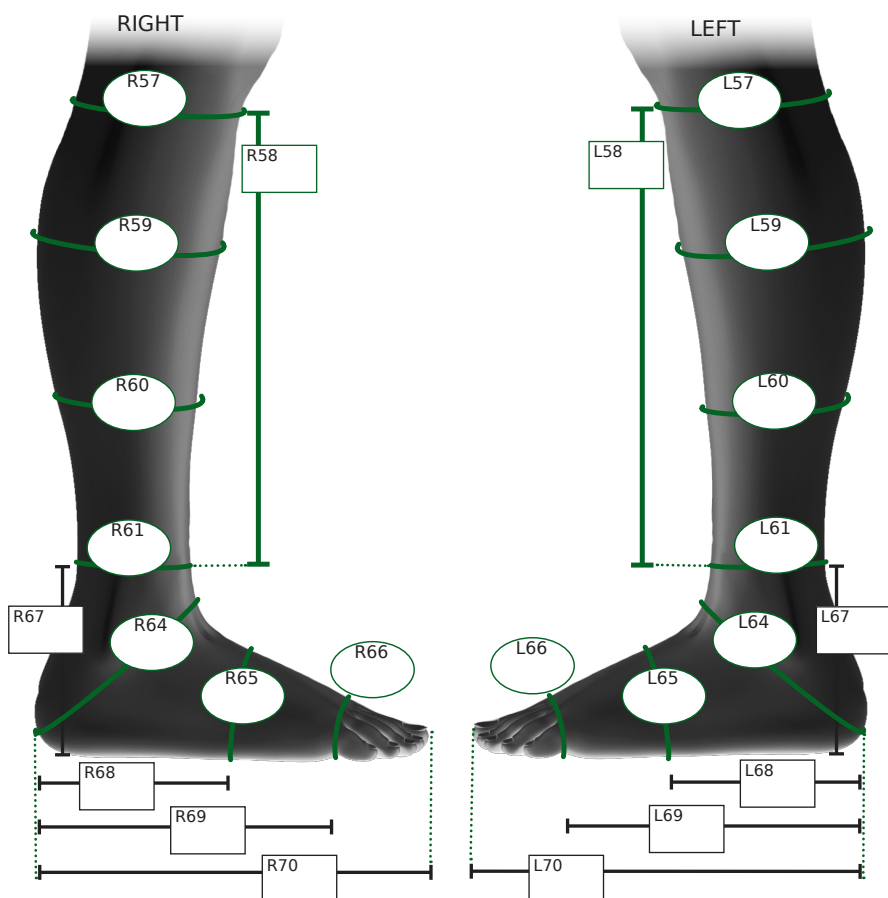


☐ Other (Fill out form 7)

6.1 TROUSERS, STOCKINGS, THIGH-HIGH SOCKS



6.2 KNEE-HIGH AND ANKLE SOCKS



Material

☐ P91
☐ P40
☐ P50

Fabric color

☐ 01 beige
☐ 02 black
☐ 03 white
☐ 04 grey
☐ 05 blue
☐ 06 red
☐ 07 brown

Seam color

☐ B1 beige
☐ B2 black
☐ B3 white
☐ B4 grey
☐ B5 blue
☐ B6 red
☐ B7 brown

☐ B8 pink
☐ B9 green
☐ B10 orange
☐ B11 yellow
☐ B12 light blue

Emblem

☐ A. ladybird
☐ B. frog
☐ C. fly
☐ D. car
☐ E. skull
☐ F. football
☐ G. bird
☐ H. cat
☐ I. dog
☐ J. butterfly
☐ K. flower
☐ L. candy
☐ M. teddy
☐ N. lizard

Fastener

☐ zipper
☐ hooks
where and what kind, write to "additional information"

Fastener color
☐ seam color
☐ fabric color

Genital area

☐ Closed
☐ Open
☐ Fly

Diaper
☐ Yes
☐ No

Additional measurement for shoulder straps



Additional information

Circumference

Vertical length

Last names

First names

Date of order

Order n°

MODEL OF THE SOCK



☐ Foot glove



☐ Tabi sock

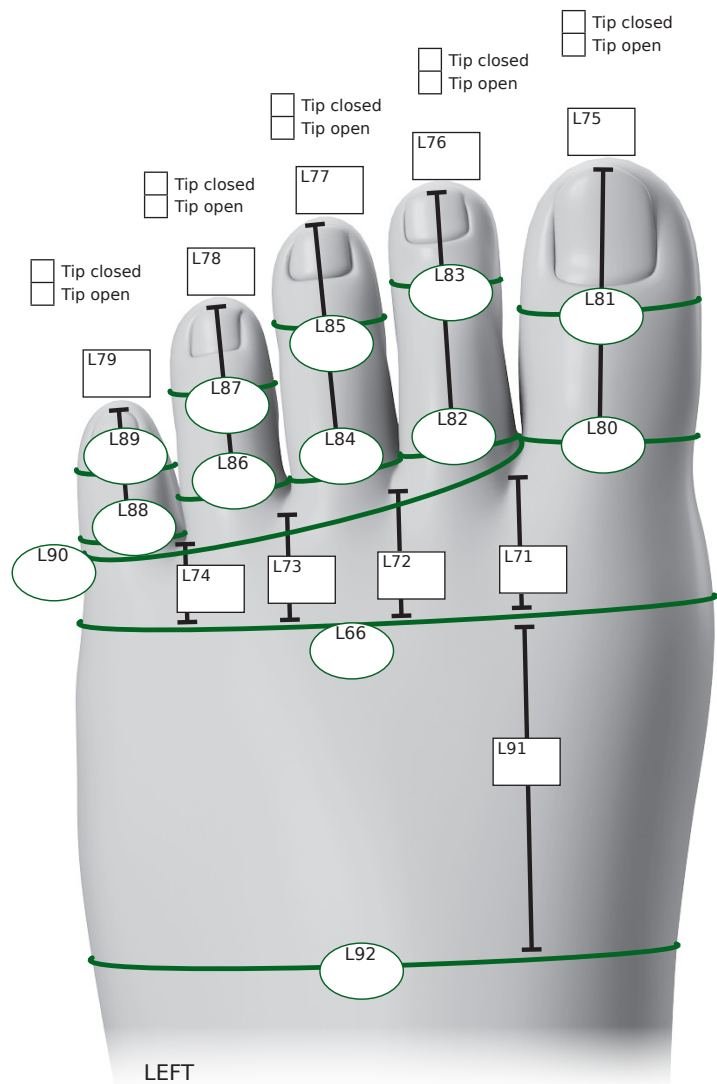


☐ Big toe sock
(measurement L90)

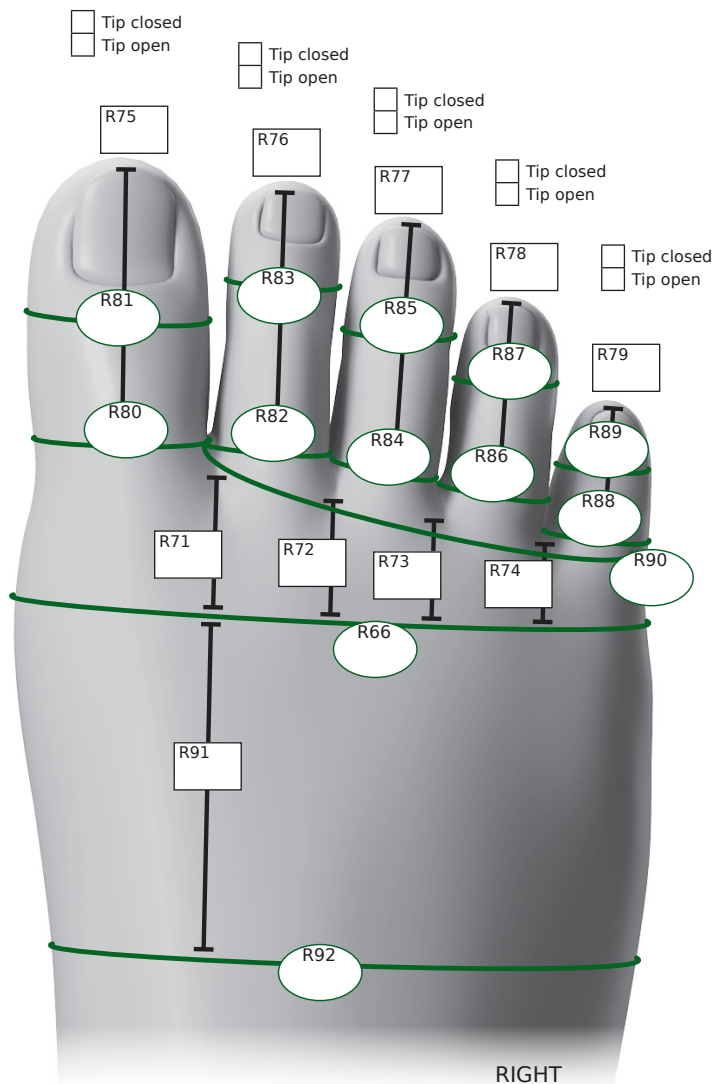
SEPARATE ITEM



☐ Toe glove



LEFT



RIGHT

- Material**
- ☐ P91
 - ☐ P40
 - ☐ P50

- Fabric color**
- ☐ 01 beige
 - ☐ 02 black
 - ☐ 03 white
 - ☐ 04 grey
 - ☐ 05 blue
 - ☐ 06 red
 - ☐ 07 brown

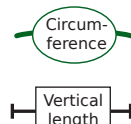
- Seam color**
- ☐ B1 beige
 - ☐ B2 black
 - ☐ B3 white
 - ☐ B4 grey
 - ☐ B5 blue
 - ☐ B6 red
 - ☐ B7 brown

- ☐ B8 pink
- ☐ B9 green
- ☐ B10 orange
- ☐ B11 yellow
- ☐ B12 light blue

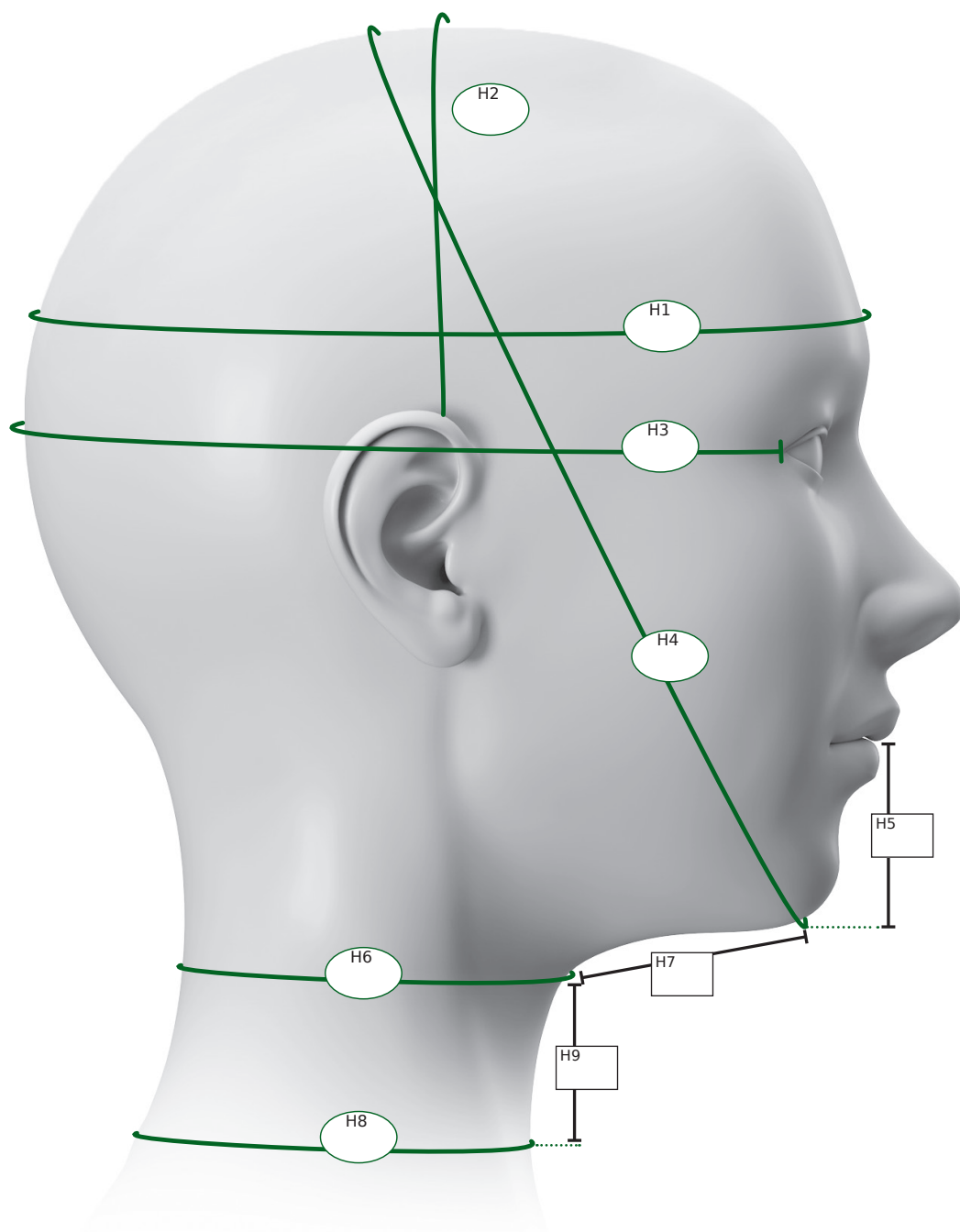
- Emblem**
- ☐ A. ladybird
 - ☐ B. frog
 - ☐ C. fly
 - ☐ D. car
 - ☐ E. skull
 - ☐ F. football
 - ☐ G. bird

- ☐ H. cat
- ☐ I. dog
- ☐ J. butterfly
- ☐ K. flower
- ☐ L. candy
- ☐ M. teddy
- ☐ N. lizard

Additional information



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MODEL

☐ Ear area open

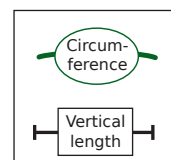
☐ Ear area closed

☐ Face open

☐ Face closed

Material <input type="checkbox"/> P91 <input type="checkbox"/> P40 <input type="checkbox"/> P50	Fabric color <input type="checkbox"/> 01 beige <input type="checkbox"/> 02 black <input type="checkbox"/> 03 white <input type="checkbox"/> 04 grey <input type="checkbox"/> 05 blue <input type="checkbox"/> 06 red <input type="checkbox"/> 07 brown	Seam color <input type="checkbox"/> B1 beige <input type="checkbox"/> B2 black <input type="checkbox"/> B3 white <input type="checkbox"/> B4 grey <input type="checkbox"/> B5 blue <input type="checkbox"/> B6 red <input type="checkbox"/> B7 brown	<input type="checkbox"/> B8 pink <input type="checkbox"/> B9 green <input type="checkbox"/> B10 orange <input type="checkbox"/> B11 yellow <input type="checkbox"/> B12 light blue	Emblem <input type="checkbox"/> A. ladybird <input type="checkbox"/> B. frog <input type="checkbox"/> C. fly <input type="checkbox"/> D. car <input type="checkbox"/> E. skull <input type="checkbox"/> F. football <input type="checkbox"/> G. bird	<input type="checkbox"/> H. cat <input type="checkbox"/> I. dog <input type="checkbox"/> J. butterfly <input type="checkbox"/> K. flower <input type="checkbox"/> L. candy <input type="checkbox"/> M. teddy <input type="checkbox"/> N. lizard
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Additional information

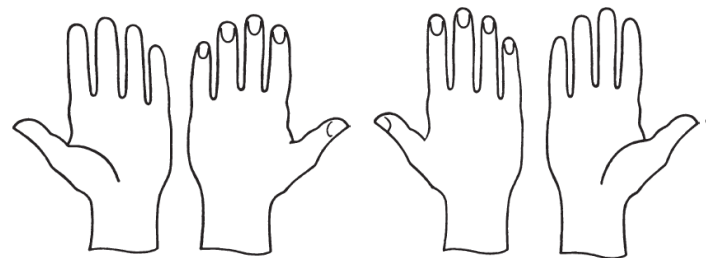
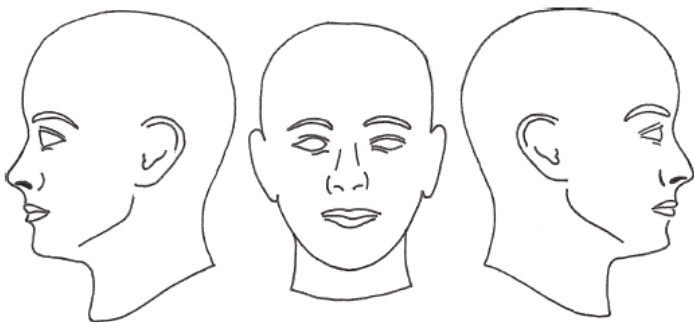
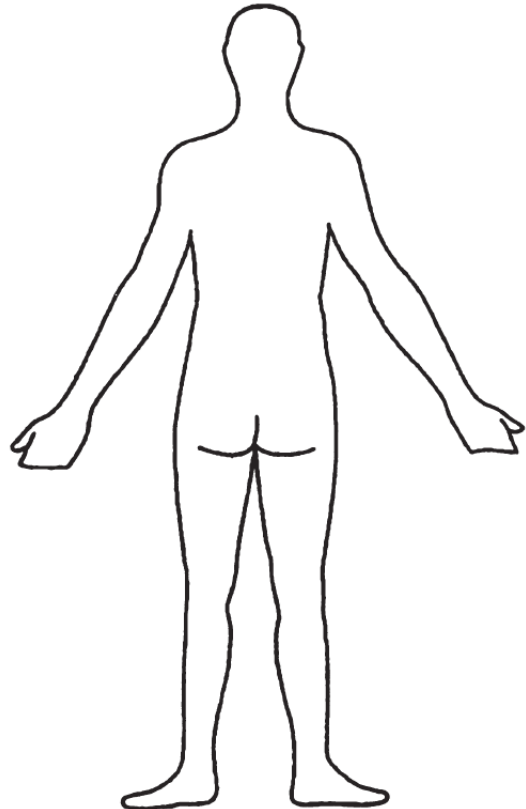
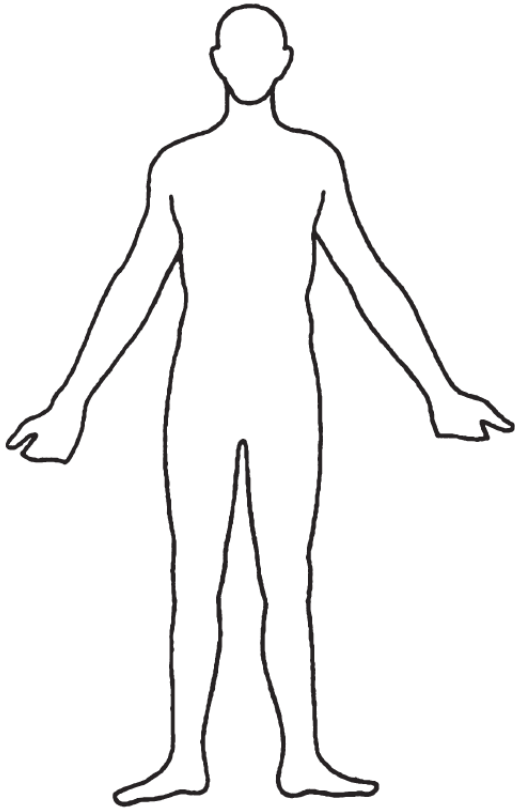


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[illegible][illegible]

Last names	First names	Date of order	Order n°
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Draw the injured area, model of the garment or special solutions:



LEFT

RIGHT

Additional information