

Patient \_\_\_\_\_ Age  ♀  ♂

Orthopaedics / Distributor \_\_\_\_\_ Prescribing Doctor / Centre \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Post code \_\_\_\_\_

Province \_\_\_\_\_ Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

**Gloves**

- Long fingers  LC-501

- Short fingers  LC-502

**Elbow length sleeve**

- With long fingers glove  LC-501.1

- With short fingers glove  LC-502.1

**Sleeves: please fill FORM NUMBER 7**

**Color**  Beige  Coffee  Black

**Quantity** \_\_\_\_\_

**Compression class**

Class 1 = Mild

Class 2 = Moderate

Class 3 = Strong

**Style**

1 piece: arm / hand (combi)

2 pieces: arm / hand (separate) **please fill FORM 7**

**Side**

RIGHT

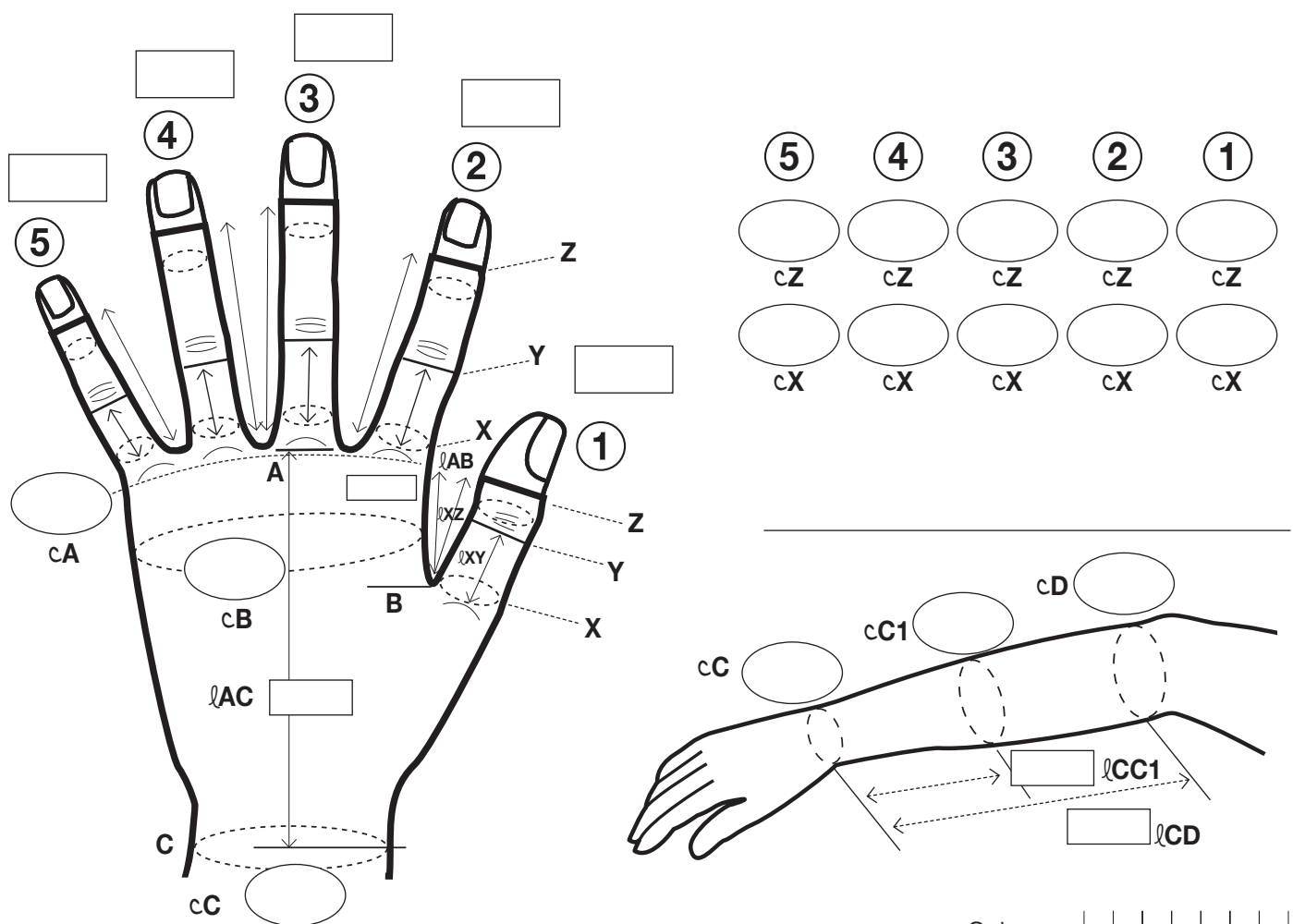
LEFT

**Lymphoedema**

STAGE 1 (soft)

STAGE 2 (hard)

Have you ordered, for this patient, the same or similar Mainat garment before?  NO  YES



**REMARKS**

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**Recommendations**  
 Measurements should be taken first hour in the morning.  
 Measurements should be taken with a metric tape-measure taking care to complete them all.

**Order**

**Lot**

**Date**   -   -

Patient	Age	<input type="checkbox"/> ♀ <input type="checkbox"/> ♂
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**Gauntlet**

- With thumb  **LC-500**

- Elbow-length gauntlet with thumb  **LC-500.1**

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**Sleeve**

- stay-up silicon strip  **LC-503**    Top ending  Straight  Oblique

- Shoulder attachments:

- narrow supporting strap  **LC-504**
- wide supporting strap  **LC-505**
- attached to bra strap  **LC-506**

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**Sleeve**

- with gauntlet	<input type="checkbox"/> <b>LC-503.1</b>	<input type="checkbox"/> <b>LC-504.1</b>	<input type="checkbox"/> <b>LC-505.1</b>	<input type="checkbox"/> <b>LC-506.1</b>
- with glove with short fingers	<input type="checkbox"/> <b>LC-503.2</b>	<input type="checkbox"/> <b>LC-504.2</b>	<input type="checkbox"/> <b>LC-505.2</b>	<input type="checkbox"/> <b>LC-506.2</b>
- with glove with long fingers	<input type="checkbox"/> <b>LC-503.2L</b>	<input type="checkbox"/> <b>LC-504.2L</b>	<input type="checkbox"/> <b>LC-505.2L</b>	<input type="checkbox"/> <b>LC-506.2L</b>

**Gloves: please fill FORM 6**

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**Style**

1 piece: arm / hand (combi)

2 pieces: arm / hand (separate)

**Color**  Beige  Coffee  Black

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**Quantity** .....

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**Compression class**

Class 1 = Mild

Class 2 = Moderate

Class 3 = Strong

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**Lymphoedema**

STAGE 1 (soft)

STAGE 2 (hard)

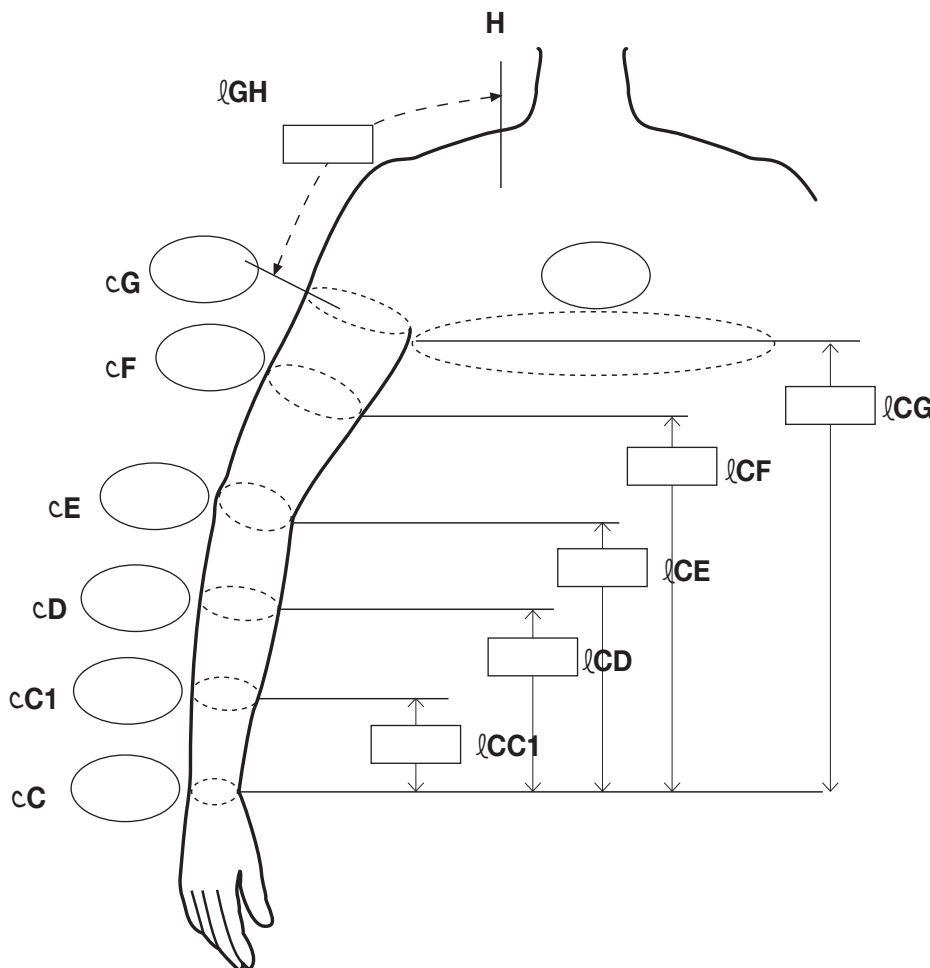
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**Side**

RIGHT

LEFT

Have you ordered, for this patient, the same or similar Mainat garment before?  NO  YES

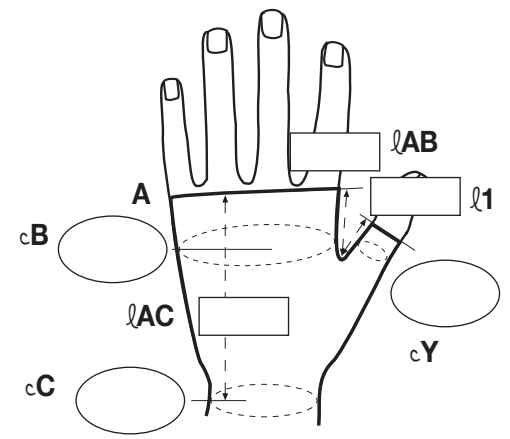


**REMARKS**

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**Recommendations**

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Order

Lot

Date

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**Stockings**

- Below knee stocking  **LC-508**
- One-leg stocking with hip support  **LC-509**
- Thigh-length stocking  **LC-513** **Top ending:**  Oblique  Straight

**Color**  Beige  Coffee  Black

**Pantyhose**

- Full trousers  **LC-510**
- Two separate stockings  **LC-510.E**
- Pediatric  **LC-510ped**

**Crotch**

- Open
- Closed

**Quantity** \_\_\_\_\_

**LEGS COMPRESSION CLASS**

**Right**

- Class 1 = Mild
- Class 2 = Moderate
- Class 3 = Strong
- NO compression

**Left**

- Class 1 = Mild
- Class 2 = Moderate
- Class 3 = Strong
- NO compression

**Full compression panty section**

- One-leg stocking with pantyhose  **LC-509.S**
- new design  **LC-510ND**
- above knee to be combined with stockings  **LC-510bermuda**
- under knee to be combined with stockings  **LC-510capri**

**Side closure**

- Right
- Left

- Toe**  Right open oblique  Right closed  
 Left open oblique  Left closed

**Lymphoedema**

- STAGE 1 (soft)
- STAGE 2 (hard)

- Extras Additional silicone:**  Vertical  Horizontal  3/4

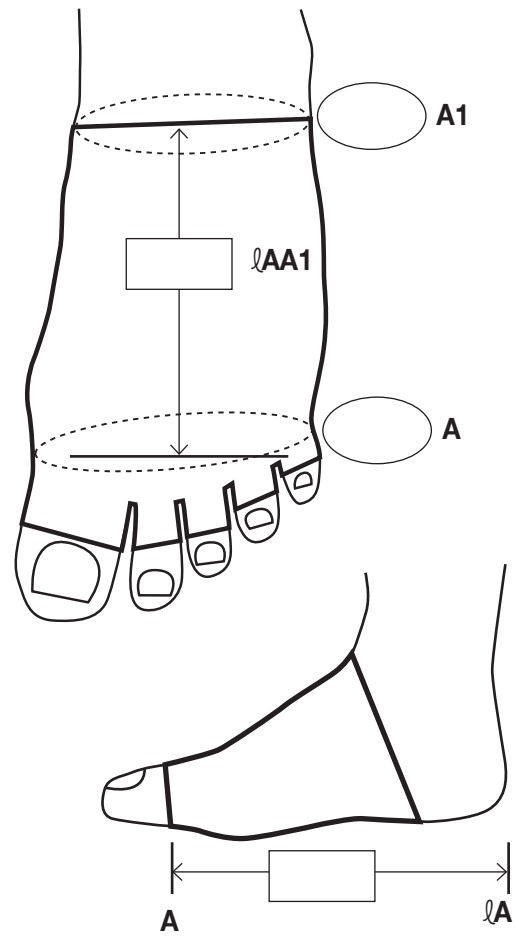
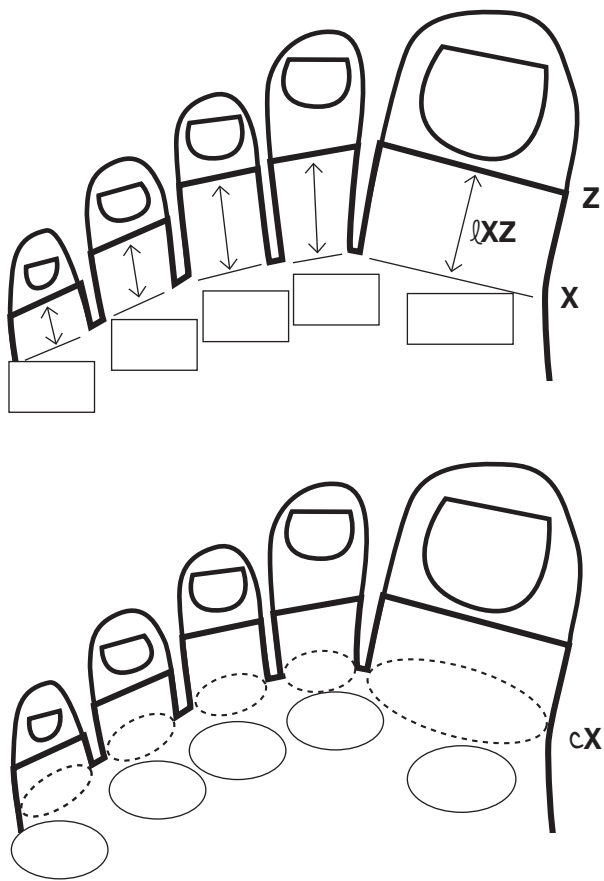
Have you ordered, for this patient, the same or similar Mainat garment before?  NO  YES

RIGHT LEG		BACK	FRONT	LEFT LEG		REMARKS
Lengths	Circumference	lk <sub>2</sub> T	lk <sub>1</sub> T	Circumference	Lengths	
lT	cT			cT	lT	<p><b>INTERNAL</b> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Total length</p> <p><b>EXTERNAL</b> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Heel to little toe base</p> <p><b>Recommendations</b> Measurements should be taken first hour in the morning. Measurements should be taken with a metric tape-measure taking care to complete them all.</p> <p>Order <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Lot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Date <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/></p>
lH	cH	H	H	cH	lH	
lk1				lk1		
lEK	cK	K	K1	cK	lEK	
lEG	cG	G	G	cG	lEG	
lEF	cF	F	F	cF	lEF	
lAE	cE	E	E	cE	lAE	
lAD	cD	D	D	cD	lAD	
lAC	cC	C	C	cC	lAC	
lAB1	cB1	B1	B1	cB1	lAB1	
lAB	cB	B	B	cB	lAB	

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<p><b>Foot gloves</b></p> <p>- Foot glove <input type="checkbox"/> <b>LC-507</b></p> <p>- Foot glove with heel fastening <input type="checkbox"/> <b>LC-507.1</b></p>	<p><b>Color</b>    <input type="checkbox"/> Beige    <input type="checkbox"/> Coffee    <input type="checkbox"/> Black</p> <hr/> <p><b>Quantity</b> .....</p>
<p><b>Foot</b></p> <p><input type="checkbox"/> RIGHT</p> <p><input type="checkbox"/> LEFT</p>	<p><b>Lymphoedema</b></p> <p><input type="checkbox"/> STAGE 1 (soft)</p> <p><input type="checkbox"/> STAGE 2 (hard)</p>
<p><b>Compression class</b></p> <p><input type="checkbox"/> Class 1 = Mild</p> <p><input type="checkbox"/> Class 2 = Moderate</p> <p><input type="checkbox"/> Class 3 = Strong</p>	

Have you ordered, for this patient, the same or similar Mainat garment before?     NO     YES



**REMARKS**

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**Recommendations**  
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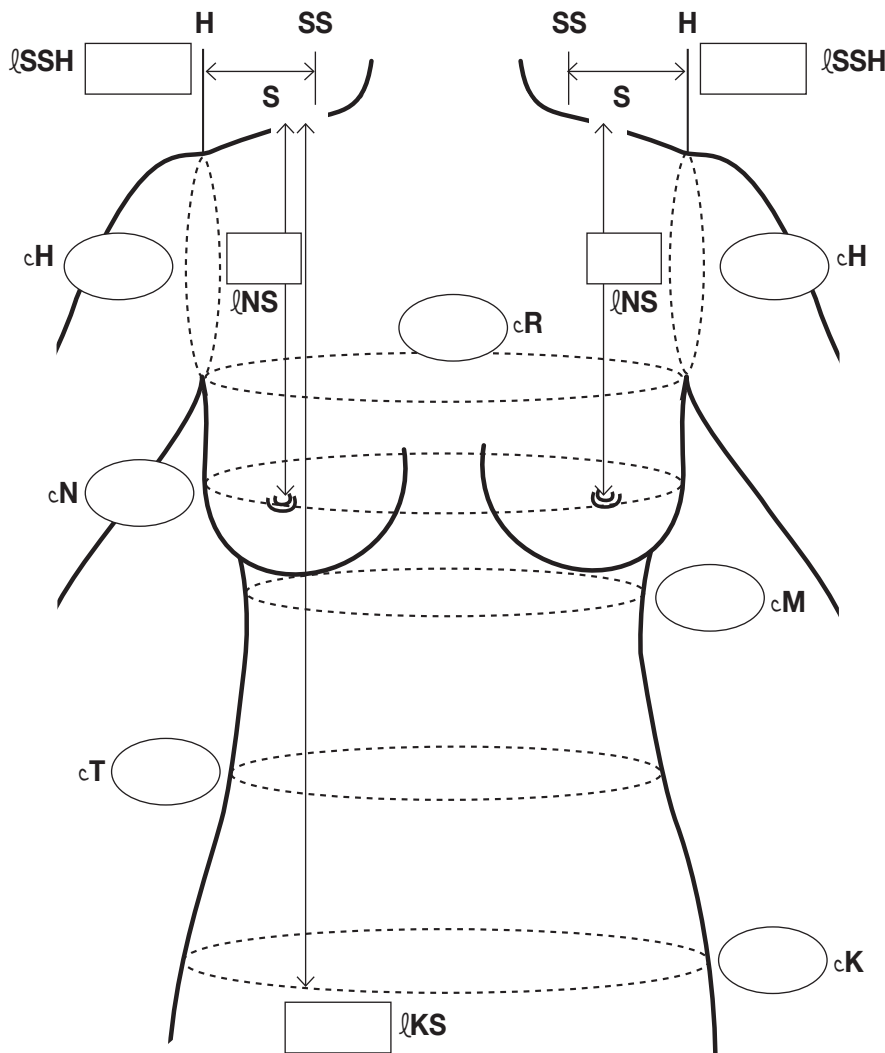
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Lot       

Date        -   -

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<p><b>Bras</b></p> <p>- Bra <input type="checkbox"/> LC-511</p> <p>- Bra-vest <input type="checkbox"/> LC-512</p>	<p><b>Color</b> <input type="checkbox"/> Beige <input type="checkbox"/> White <input type="checkbox"/> Black</p>
<p><b>Inside prosthesis pocket</b> <input type="checkbox"/> Right <input type="checkbox"/> Left</p> <p><b>Neck</b> <input type="checkbox"/> V-neck <input type="checkbox"/> Round neck</p> <p><b>Chest</b> <input type="checkbox"/> With neither breast</p> <p><input type="checkbox"/> Without right breast <input type="checkbox"/> Without left breast</p>	<p><b>Quantity</b> .....</p>
<p><b>Indications</b> Indicate your bra and cup size</p> <p>Size ..... Cup <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F</p>	<p><b>Compression class</b></p> <p><input type="checkbox"/> Class 1 = Mild</p> <p><input type="checkbox"/> Class 2 = Moderate</p> <p><input type="checkbox"/> Class 3 = Strong</p>
<p><b>Have you ordered, for this patient, the same or similar Mainat garment before?</b></p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>



**IMPORTANT**

The LC-512 model can be manufactured with the length of the garment according to your needs.

**REMARKS**

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**Recommendations**

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Order

Lot

Date