

Email order to Lymphoedema Supply Company: leigh@ecsconsulting.com.au

Stamp/Signature

Patient _____

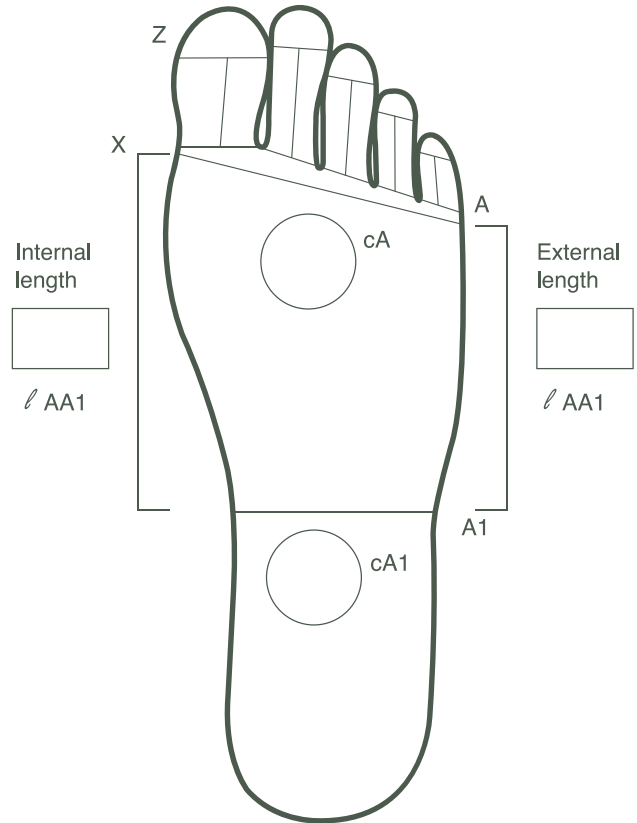
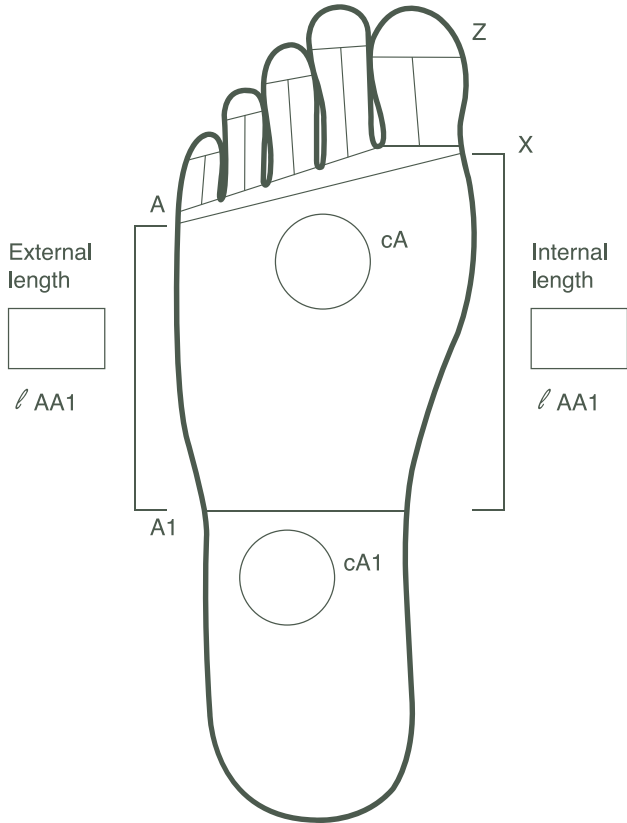
Date _____

LEFT TOES CIRCUMFERENCES AND LENGTHS

RIGHT TOES CIRCUMFERENCES AND LENGTHS

	V°	IV°	III°	II°	I°
ℓ 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°
ℓ 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"/>



COMPRESSION

Ccl. 1 2 2

STRONG

QUANTITY

Left _____
 Right _____

CAP TIPOLOGY

4 left toes 4 right toes
 5 left toes 5 right toes

PAD

Please indicate pad positioning and dimension

.....

CAP OPTIONS

5° drop shaped 5th toe

FOR 4 TOE CAP PLEASE INDICATE Cx V° TOE

Microfibre ribbon

SPECIFIC REQUESTS

.....

COLOURS

<input type="checkbox"/> 106 ivory	<input type="checkbox"/> 450 fuchsia	<input type="checkbox"/> 608 forest green
<input type="checkbox"/> 604 beige*	<input type="checkbox"/> 545 blue navy	<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	

*604 beige standard colour - other colours available on request