

Filled in by Lymed: Customer number

Last names	
First names	
Date of birth / ID number	<input type="checkbox"/> Adult <input type="checkbox"/> Child (<13 y)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third gender	Customer's height (cm)
Diagnosis, fill also possible pain disorders	
Measurer / Contact person	
Phone number / email	
Name of the hospital / medical center / care unit	

Date of order	Order n°
<input type="checkbox"/> New Lymed client	
<input type="checkbox"/> Existing Lymed client	
<input type="checkbox"/> Identical reorder without changes	
<input type="checkbox"/> Reorder with color change	
<input type="checkbox"/> Reorder: new measurements or additions	
<input type="checkbox"/> Different product than before	
Name of the distributor / country	
Order number of the distributor (filled in by the distributor)	

Lymed Oy | Puhelinverkko 5-33200 Tampere Finland

Having trouble filling the form? Video guide available on www.lymed.fi/en

PRODUCT 1	CUSTOM-MADE <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> WELL-BEING STANDARD PRODUCT <input type="checkbox"/> SKIN <input type="checkbox"/> COMPRESSION <input type="checkbox"/> SENSE <input type="checkbox"/> POST-OPERATION <input type="checkbox"/> INTERIM & LIGHT																
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