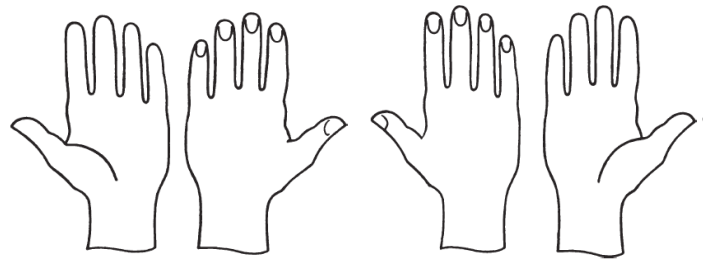
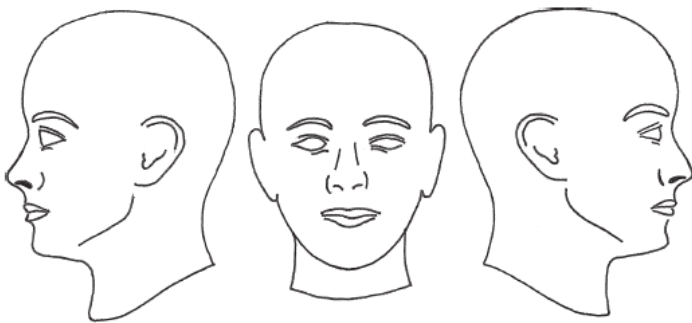
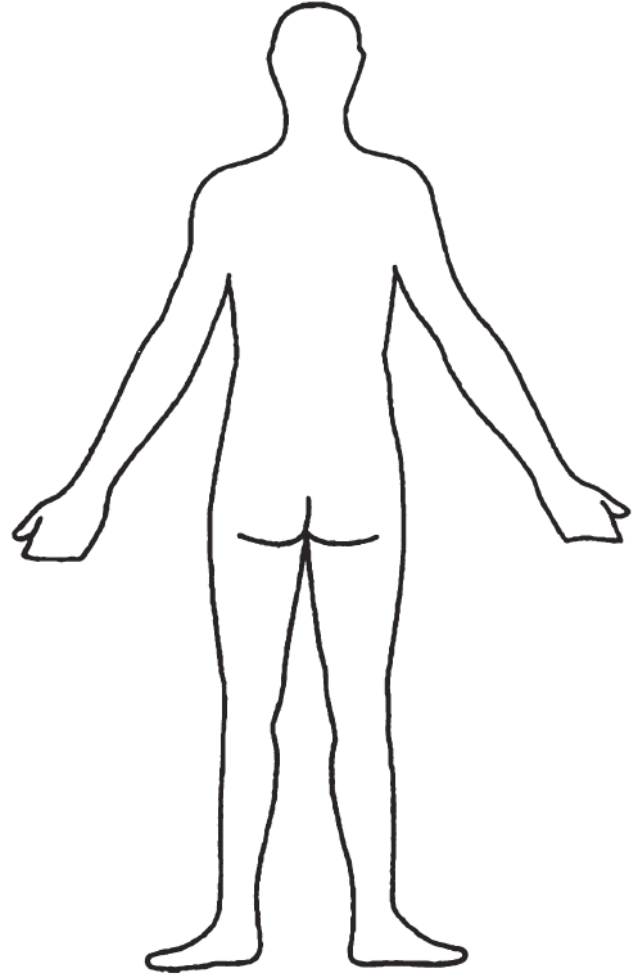
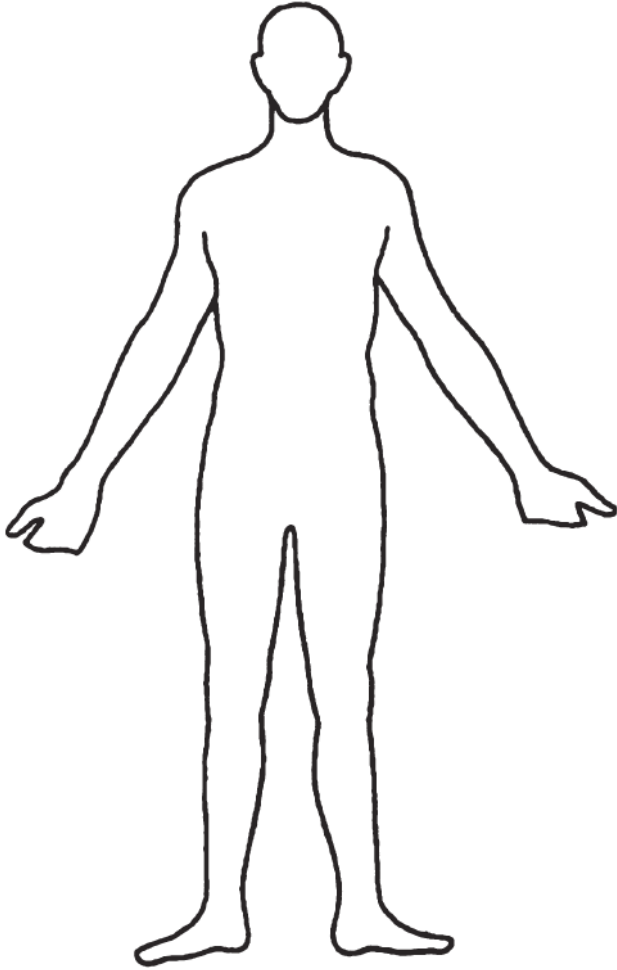


Last names	First names	Date of order	Order n0
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Draw the injured area, model of the garment or special solutions:



LEFT

RIGHT

Additional information:
