

39320 Trousers Order Form

elements
body



Patient information

Patient ID _____

When ordering, please enter the previous order number. _____

Date of birth _____ Male Female

Weight _____ Height _____

Diagnosis _____

Has the Patient used Elements Body before? Yes No

Requested Delivery Date _____

Purchase information

Company name _____

Clinician _____

Address _____

Zip _____ City _____

Order no _____

Phone contact _____

Delivery address _____

By submitting this form you are certifying that personal data has been processed in compliance with GDPR (EU) 2016/679. The data will be processed only to the extent necessary to deliver ordered products.

Due to the Data Privacy Regulation GDPR (EU) 2016/679) this form must be submitted through <https://submit.allardsupport.com>.

Trouser Style	Item No.	Quantity
<input type="checkbox"/> Trousers with Short Legs	39320 0011	_____
<input type="checkbox"/> Trousers with Long Legs	39320 0013	_____
<input type="checkbox"/> Trousers with $\frac{3}{4}$ leg length	39320 0012	_____
Crotch	<input type="checkbox"/> Closed	<input type="checkbox"/> Open

Waist closure

Zip Mid-Front

Zip on Sides

OR

Velcro Mid-Front

Open from bottom to top (only for open crotch)

Open from top to bottom (only for open crotch)

Short Leg (inside) Velcro Zipper Open from top to bottom Open from bottom to top None

Short Leg (Outside) Zipper None

OR

Long Leg Zipper front (Patient wears AFO) Zipper outside None

Instep Yes No

CampScandinavia.OCT_2023©

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39320 TROUSERS

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Patient ID _____

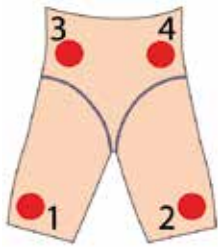
- Stop for Zipper with Velcro** Yes No
- Anti-Slip on Waistband** Yes No
- Anti-Slip Short Leg** Yes Left Right No
- Velcro tabs to attach to Vest** Yes No
- Velcro tabs to attach to Body** Yes No

Colour Options (For children under the age of 3, only Beige Fabric and Beige Reinforcements can be offered)

- | | | | | | | |
|----------------------|-----------------------------------|-------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| Fabric | <input type="checkbox"/> Beige | <input type="checkbox"/> Black | <input type="checkbox"/> Purple | <input type="checkbox"/> Pink | <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| Reinforcement | <input type="checkbox"/> Beige | <input type="checkbox"/> Black | <input type="checkbox"/> Space | <input type="checkbox"/> Coral | <input type="checkbox"/> Jungle | <input type="checkbox"/> Comic Blue |
| Thread | <input type="checkbox"/> Beige | <input type="checkbox"/> Black | <input type="checkbox"/> Purple | <input type="checkbox"/> Pink | <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| | <input type="checkbox"/> Hot pink | <input type="checkbox"/> Light blue | <input type="checkbox"/> Green | <input type="checkbox"/> Orange | | |

Transfers: Choose transfer (Please refer to latest transfer options list available) and enter the letter below.

Transfers: Yes No



Record Transfer Letter in required position

1. Right Leg _____

2. Left Leg _____

3. Right Hip _____

4. Left Hip _____