Order Form
39320 Trousers

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**
☐Trousers with Short Legs	39320 0011	_____
☐Trousers with Long Legs	39320 0013	_____
☐Trousers with ¾ leg length	39320 0012	_____

Crotch ☐Closed ☐Open

Waist closure

☐Zip Mid-Front

☐Open from bottom to top (only for open crotch)

☐Open from top to bottom (only for open crotch)

☐Zip on Sides

OR

☐Velcro Mid-Front

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

Velcro Stop for Zipper ☐Yes ☐No

Short Leg (Outside) ☐Zipper ☐None

Velcro Stop for Zipper ☐Yes ☐No

OR

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

Instep ☐Yes ☐No

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elements body

Patient ID_____

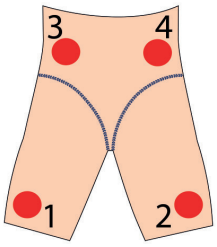
Stop for Zipper with Velcro	☐Yes	☐No		
Anti-Slip on Waistband	☐Yes	☐No		
Anti-Slip Short Leg	☐Yes	☐Left	☐Right	☐No
Velcro tabs to attach to Vest	☐Yes	☐No		
Velcro tabs to attach to Body	☐Yes	☐No		

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

Fabric	☐Beige	☐Black	☐Purple	☐Pink	☐Blue	☐Red
Reinforcement	☐Beige	☐Black	☐Space	☐Coral	☐Djungle	☐Comic Blue
Thread	☐Beige	☐Black	☐Purple	☐Pink	☐Blue	☐Red
	☐Hot pink	☐Light blue	☐Green	☐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 side on belly_____
4. Left side on belly _____

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