

# SPECIAL MANUFACTURING ORDER SUPPORT BELTS

CUSTOMER/ORTHOPAEDIC SURGERY		ADDRESS	
TOWN		PROVINCE	
PATIENT		CONTACT	
REQUEST DATE		DOCTOR	
DISPENSING CENTRE			
TELEPHONE NO	FAX NO	YOUR REFERENCE / ORDER	FILE NO

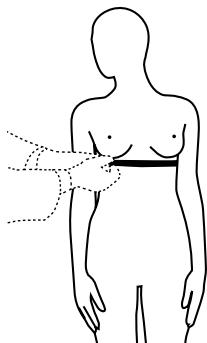
**Comments:** .....

<b>MODEL CHOSEN</b>			
LUMBOSACRAL <input type="checkbox"/>	LUMBOSACRAL OR ABDOMINAL SUPPORT <input type="checkbox"/> <small>Measure the most prominent point</small>	THORACOLUMBAR <input type="checkbox"/>	THORACOLUMBAR ABDOMINAL SUPPORT <input type="checkbox"/> <small>Measure the most prominent point</small>

<b>PRODUCT MAKE</b>			
LUMBITRON® <input type="checkbox"/>	LUMBITEC® <input type="checkbox"/>	CLASSIC CORSETS <input type="checkbox"/>	WOMEN <input type="checkbox"/>
			MEN <input type="checkbox"/>
			REFERENCE <input style="width: 100px;" type="text"/>
			UNITS <input style="width: 50px;" type="text"/>

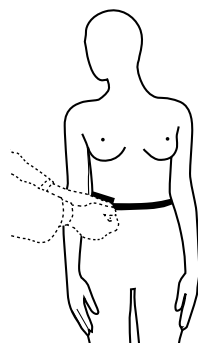
<b>TYPES OF FASTENING</b>			
ZIP <input type="checkbox"/>	VELCRO <input type="checkbox"/>	SPECIAL REQUIREMENTS (specify CLASSIC CORSET, ABDOMINAL PIECE): YES <input type="checkbox"/> NO <input type="checkbox"/>	
BUCKLE <input type="checkbox"/>	HOOK <input type="checkbox"/>		

MEASUREMENT	WHERE TO MESURE	FRONT WIDTH	SIDE WIDTH	REAR WIDTH
BENEATH CHEST:	A Under the breastbone	Of the orthosis	Of the orthosis	Of the orthosis
WAIST:	B Abdomen			
HIP:	C At the iliac crest			
THIGH:	D Centre of the buttocks			



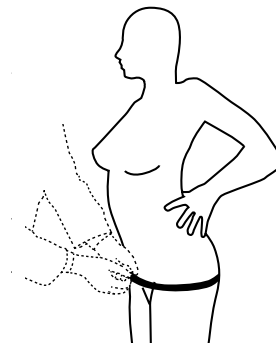
Under chest measurement.

1.



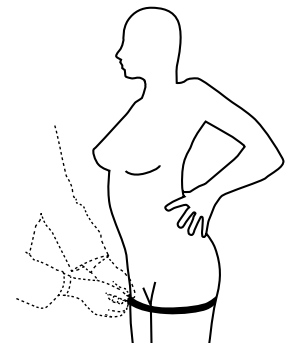
Waist measurement.

2.



Hip measurement.

3.



Thigh measurement.

4.

**ORLIMAN S.L.U.**  
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**SIGNATURE AND STAMP:**

The measurements and details included in this order are the sole responsibility of the applicant.  
 Orliman, SL assumes no liability for incorrect measurements or details provided.

**NOTE:** If you are in any doubt about the measurements, call us and ask.