

SPECIAL MANUFACTURING ORDER

LT BELT (LUMBITRON®) - LUMBITEC FX®

CLASSIC CORSET

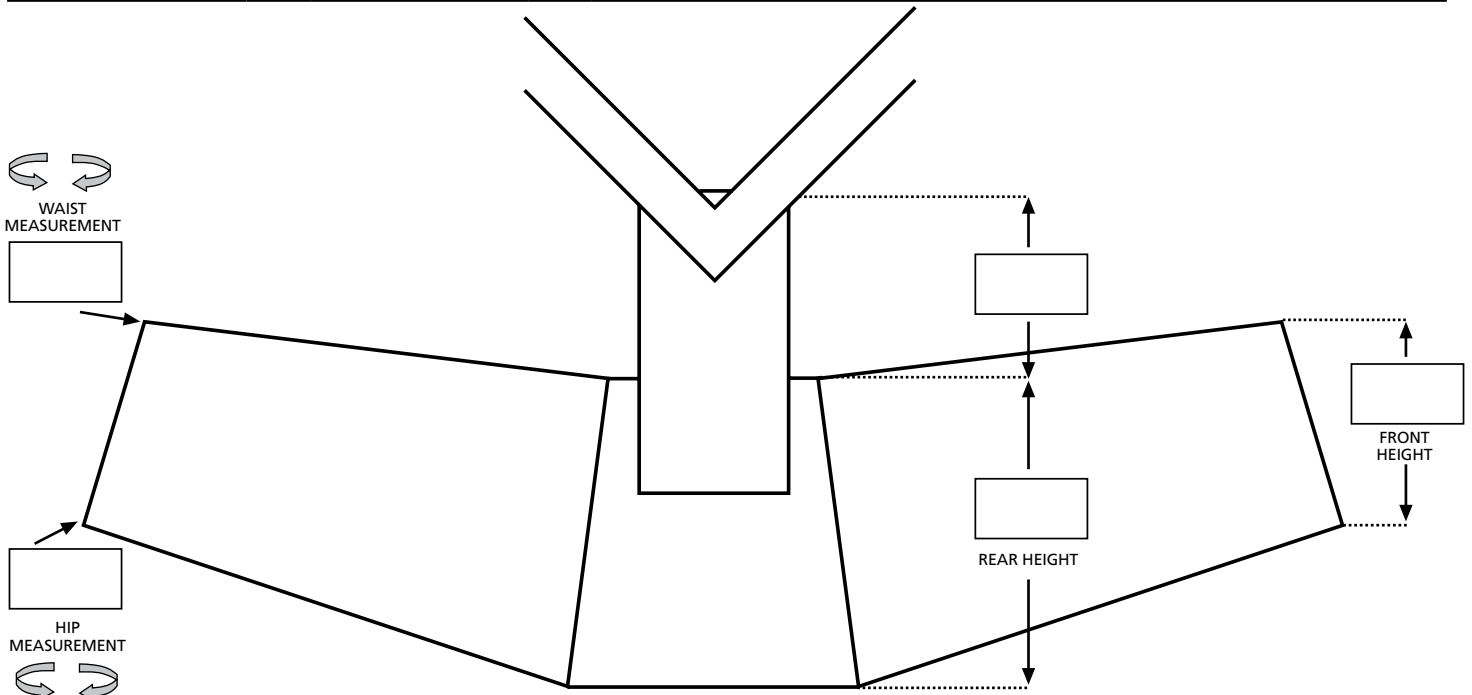
CUSTOMER/ORTHOPAEDIC SURGERY		ADDRESS	
TOWN		PROVINCE	
PATIENT		CONTACT	
REQUEST DATE		DOCTOR	
DISPENSING CENTRE			
TELEPHONE NO	FAX NO	YOUR REFERENCE / ORDER	FILE NO

Comments:

MODEL CHOSEN			
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>

PRODUCT MAKE			
LUMBITRON® <input type="checkbox"/>	LUMBITEC® <input type="checkbox"/>	WOMEN <input type="checkbox"/>	REFERENCE <input style="width: 100%;" type="text"/>
		MEN <input type="checkbox"/>	UNITS <input style="width: 100%;" type="text"/>

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



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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.