Alteration Form Glove and Sleeve

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Patient I	D		
Camp order no			35
By submitting this form you are certifying that personal data has been p GDPR (EU) 2016/679. The data will be processed only to the extent nec products.	cessary to deliver ordered	33 44	46 34 37
Due to the Data Privacy Regulation GDPR (EU) 2016/679) this form minttps://submit.allardsupport.com.	ust be submitted through	32	48 36
Please mark what needs to be changed		43	45 50 39
☐ Too tight ☐ Too loose			
Attached photos if possible - Number		*	38
Circle the measurements that are not correct and describ why. Record new measurements if needed.	pe 31		49
Please ensure that the garment is clean		51	40
when returned.	**	30	40
Company name			
Clinician	<u>42</u>	52	53
Address	□Left		
ZipCity	□Right		55
PO no		()33
Phone contact			
Delivery address			
	Long Glove	/ Long Sleeve	
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	Short Glo	ove /	
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