



# Scar Management

Date: .....

Order  Quotation only

Company stamp, contact person, phone (in block letters)	<b>Patient details</b> <input type="checkbox"/> Photo documentation will follow by e-mail!	
	Order no.?:	<input type="checkbox"/> Female <input type="checkbox"/> Child <input type="checkbox"/> Male Age .....
	Order number /process number:	Previous order no./Quotation no./Date:
Contact person:	Quantity: ..... Piece	Customer no.: .....

Fabric	20–23 mmHg	23–32 mmHg
Juzo ScarComfort Pure	<input type="checkbox"/> 3071	<input type="checkbox"/> 3072
Juzo ScarComfort Silver	<input type="checkbox"/> 3071 SI	<input type="checkbox"/> 3072 SI

<b>Colour</b> If not indicated, we will deliver colour Beige. Models in Silver only available in colour Beige.
<input type="checkbox"/> Light beige <input type="checkbox"/> Beige <input type="checkbox"/> Pink <input type="checkbox"/> Mint <input type="checkbox"/> Blue <input type="checkbox"/> Dark blue <input type="checkbox"/> Brown <input type="checkbox"/> Black
<input type="checkbox"/> Iron-on patch .....

<b>Model</b>
<input type="checkbox"/> Compression stump shrinker
<input type="checkbox"/> Stump shrinker after Pirogoff-amputation (YD)
<input type="checkbox"/> Stump shrinker after forefoot amputation
<input type="checkbox"/> Compression stump shrinker pantyhose Amputation <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Hip disarticulation (only with box type)
<b>Model leg</b>
<input type="checkbox"/> Overheight
<input type="checkbox"/> Top border
<input type="checkbox"/> Silicone border AD (standard 3.5 cm) <input type="checkbox"/> 5 cm
<input type="checkbox"/> Silicone border AF/AG (5 cm) <input type="checkbox"/> <b>Pattern</b>
<input type="checkbox"/> Balance silicone border AD (standard: 3.5 cm) <input type="checkbox"/> 5 cm
<input type="checkbox"/> Balance silicone border AF/AG (5 cm) <input type="checkbox"/> <b>Pattern</b>
<input type="checkbox"/> Lace silicone border AF/AG (5 cm)
<input type="checkbox"/> Elastic border AD (3.5 cm, silicone-free)
Hip attachment (indicate circumference "cT")
<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> To be worn as a pair
<b>Model body part</b>
<input type="checkbox"/> Diagonal type (standard) <input type="checkbox"/> Box type <input type="checkbox"/> Slip form
<input type="checkbox"/> Top border
<input type="checkbox"/> Waist belt <input type="checkbox"/> Waist belt with touch fastener
<input type="checkbox"/> Adjustable waist band <input type="checkbox"/> Silicone border (5 cm)
Gusset <input type="checkbox"/> Standard <input type="checkbox"/> Small
Mesh gusset <input type="checkbox"/> Standard <input type="checkbox"/> Small
<input type="checkbox"/> Open crotch
<input type="checkbox"/> Scrotum <input type="checkbox"/> Mesh scrotum
<input type="checkbox"/> Fly
<b>Extra options</b>
<input checked="" type="checkbox"/> <b>Seams on the outside</b>
<input type="checkbox"/> Prosthesis pin opening (standard 2 cm)
<input type="checkbox"/> Silon®-TEX (sketch position into graphic and note exactly under special requests <sup>1</sup> )
Size ..... cm (length x width, only possible rectangular and up to 50 % of the circumference can be supplied)
<b>Additional products</b>
<input type="checkbox"/> ScarPad Light small <input type="checkbox"/> ScarPad Light
<input type="checkbox"/> ScarPad Extra <input type="checkbox"/> ScarPad Strong
Special Gloves - Size <input type="checkbox"/> S(5) <input type="checkbox"/> M(7) <input type="checkbox"/> L(9) <input type="checkbox"/> XL(11)

<input type="checkbox"/> <b>Left leg</b>		<input type="checkbox"/> <b>Right leg</b>
	Circumferences (c) and lengths (P) in cm	
	<b>Lengths in cm</b>	
	<b>Body part:</b>	
	PKT: PST:	
	Front: PSH:	
	Back: PSH:	
	<b>Left leg</b>	<b>Right leg</b>
	P SG: P SG:	
	(for pantyhose crotch measurement)	
	P SF: P SF:	
	P SE: P SE:	
	P SD: P SD:	
	P SC: P SC:	
	P SB1: P SB1:	
	P SB: P SB:	
	P SY: P SY:	
	Measure circumferences beginning 5 cm from the distal end of the stump.	
	S = distal end of the stump, measure all lengths from "S".	

	<b>For forefoot amputation</b>	
	<b>Lengths in cm</b>	
	<b>Left</b>	<b>Right</b>
	P B: P B:	
	<b>Foot length (back of heel to "cA")</b>	
	P A: P A:	
	<b>Total foot length</b>	
	P Z: P Z:	

Special requests (in block letters):

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<sup>1</sup> Due to the principle of data minimisation under data protection law, we recommend that you only send in a photo in the case of difficult anatomical features. Please do not take close-ups, the position of the scar must be clearly recognisable.

<sup>2</sup> If a patient's personal data is provided for order completion, the company placing the order confirms that it has obtained lawful consent for disclosure and processing the relevant data from the data subject in advance.