Alteration Form Glove and Sleeve



[a]		Docty
SN	Patient ID	
Camp order no		35
By submitting this form you are certifying that p GDPR (EU) 2016/679. The data will be processed broducts.	personal data has been processed in compliance with ed only to the extent necessary to deliver ordered	46 34 37
	2016/679) this form must be submitted through	34 48 36
Please mark what needs to be cha	nged	43 45 50 39
☐ Too tight ☐ Too loose		
Attached photos if possible - Num	ber	38
Circle the measurements that are not why. Record new measurements if nee Please ensure that the garment is	ded. s clean	51 41 49
when returned.	30	
Company name	42	
Clinician		52 53
Address	□Left	
ZipCity	□Right	
PO no		×>)55
Phone contact		
Delivery address		
	Long Glove / Long S	Sleeve
		60
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		56A
	Short Glove /	
	_ /	54
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	56B	
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