elements bod **Alteration Form** Sock SN Patient ID_ Camp order no_ By submitting this form you are certifying that personal data has been processed in compliance with GDPR (EU) 2016/679. The data will be processed only to the extent necessary to deliver ordered . Due to the Data Privacy Regulation GDPR (EU) 2016/679) this form must be submitted through https://submit.allardsupport.com. L20 Please mark what needs to be changed ☐ Too tight ☐ Too loose L21 Attached photos if possible - Number_ Circle the measurements that are not correct and describe L18 why. Record new measurements if needed. Please ensure that the garment is clean L22 when returned. Instep Company name_ L19 Clinician_ L24 Address_ Zip____City_____ □Left PO no **□Right** L23 Phone contact Delivery address_ **R20 R18** Campscandinavia, MAY_2021© **R22** Instep **R19 R24 R23**



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