

Alteration Form Glove and Sleeve

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 products.
Due to the Data Privacy Regulation GDPR (EU) 2016/679) this form must be submitted through <https://submit.allardsupport.com>.

Please mark what needs to be changed

- Too tight Too loose

Attached photos if possible - Number _____

Circle the measurements that are not correct and describe why. Record new measurements if needed.

Please ensure that the garment is clean when returned.

Company name _____

Clinician _____

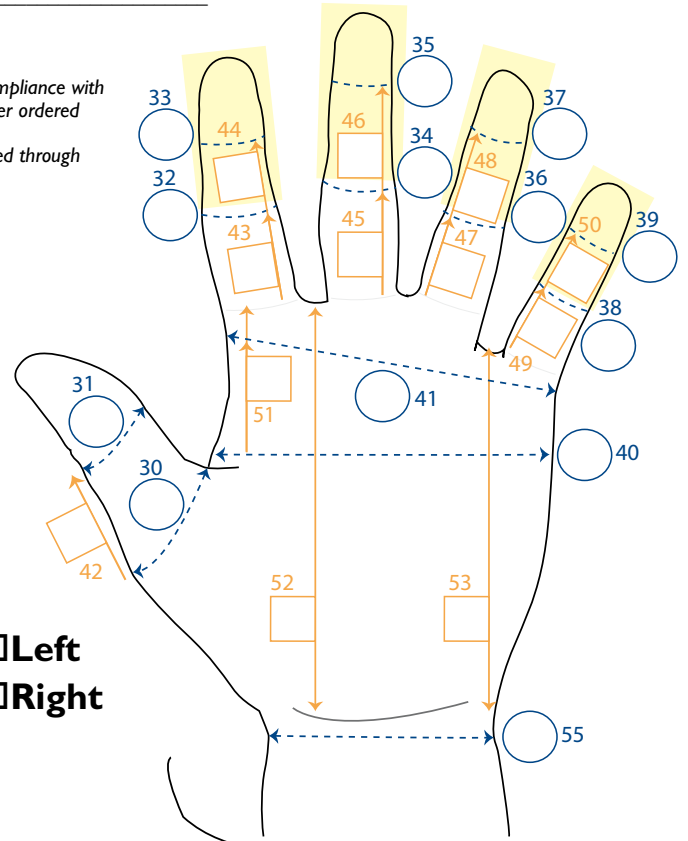
Address _____

Zip _____ City _____

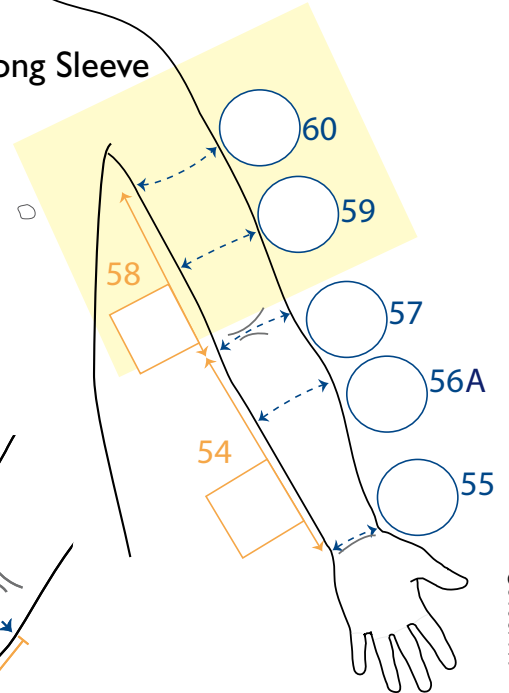
PO no _____

Phone contact _____

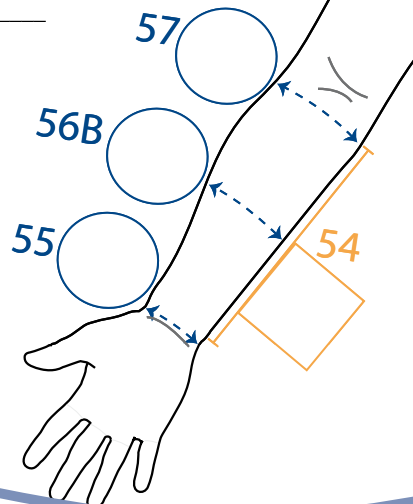
Delivery address _____



Long Glove / Long Sleeve



Short Glove



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