

ROST

Order form for measuring and manufacturing a Carbon sport mask.
Please fill out the entire form and add the signature and stamp of the treating physician.

Client

Name of the athlete: Date of birth:

Address:

Zipcode and Place:

Phone Number:

Price selection (type A to S): (See the description on our price list. This can be requested by e-mail)

The Carbon sports mask is worn during training and competitions of the following sport(s)

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The Carbon sports mask serves to protect

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.....

Approval from the treating physician

Name of the physician:

Hospital /Address:

Zipcode and Place:

E-mail address:

The treating physician has no objection to manufacturing a carbon sports mask for the above-mentioned athlete.

Treating Physician's signature + Medical Practice Stamp

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Billing address

Athlete

Others

.....
.....

Date: Place:

Additional information

The Carbon sports mask is specially custom-made by ROST BV and will be exclusively intended for the aforementioned athlete. The athlete is explained how the Carbon sports mask should be attached, how it should be maintained and what the possible consequences may be if a strong impact is exerted on the Carbon sports mask.

ROST BV is never liable if any injury occurs due to incorrect use or due to a powerful impact that can cause the Carbon sports mask to shift. The Carbon sports mask will have a somewhat adverse effect on the heat dissipation in the face

ROST BV

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