



Alteration Form

All fields are required in order to process your order

PLEASE NOTE: All returned garments must be in a clean laundered condition, we are unable to accept soiled garments.

All fields are required in order to process your order

Order Details

Date: _____ Date Required: _____
Our Original Sales Order No.: _____
Contact Name: _____
Contact Phone No.: _____
Email: _____
Hospital/Clinic: _____
Delivery Address: _____

_____ Post Code: _____

Alteration Categories

A member of the Medigarments customer service team will contact you upon receipt, to confirm the charges.

Instructions Please tick if additional instructions are attached. Please tick if adding Silon-TEX® II

This form is only to be used when returning a garment, please return the garment and form together.