



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

Minor: Reduction in size, maximum 2-3 seams altered, shortening of sleeve and leg length, neck line cutback

Medium: Increase in circumference with addition of inserts to maximum of 3cm

Major: Multiple adjustments: combining reduction as well as inserts and/or additional panels

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

Clinician Number:

Instructions Please tick if additional instructions are attached.

When completed, please click: customerservice@jobskin.co.uk to email your electronic order form

Please download your electronic forms directly from our website - www.jobskin.co.uk/file-download