

Reorder and Alteration Form

PLEASE NOTE: We are unable to accept garments that are not in a hygienic condition and laundered. Therefore these returns may incur a laundry charge or not be possible to process.

Please ensure a purchase order number is provided in the event that a postage charge is necessary.

Reorder or Alteration Details	
PATIENT REFERENCE NUMBER OR NAME:	
Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> New Patient <input type="checkbox"/> Existing Patient
Date:	
Hospital/Clinic Purchase Order No.:	Hospital/Clinic:
Clinician Name:	Direct Contact Phone No.:
Garment Order No.:	
Style of Garment:	
Hospital/Clinic Address for Delivery:	
Post Code:	
Date Required:	

Instructions	
<input type="checkbox"/> Reorder	<input type="checkbox"/> Alteration <input type="checkbox"/> Silon Tex Addition
<i>Please Note:</i> A new measurement form must be completed for more than 2 minor alterations.	
Please tick box if extra instructions attached <input type="checkbox"/>	