Premium™ MTM Pressure Garments Replacement and Alteration Form

For more information contact our Customer Service Team at:
Jobskin Ltd Ireland:
Unit F1 Innovation Works 1, Tipperary Technology Park, Thurles, Co. Tipperary, E41 AX80
t: +353 (0) 504 90100 | e: ireorders@jobskin.ie
UK Customers:
t: 0870 240 3963 | e: ireorders@jobskin.ie
Website: www.jobskin.co.uk

Whenever a patient experiences difficulties with a Premium Pressure Garment, this form must be completed and returned with the garment to Jobskin Ltd Ireland.

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.

Patient Details *(Please complete Patient Reference No. OR Name)*				
Patient Reference No.:			Date:	
Surname:			First Name:	
DOB *(must be completed)*:	☐ Male	☐ Female	☐ New Patient	☐ Existing Patient
Measurer/Fitter's Name:			Direct Contact Phone No.:	
Location/Hospital:			Hospital Order No.:	
Garment No.:			Jobskin File No.:	
Email:				

Product Code	Quantity	Description	Product Code	Quantity	Description

Instructions					
Date of fitting:					
Is the garment being returned?	☐ Yes	☐ No	Are there new measurements attached?	■ Yes	☐ No
Is this the patient's first garment?	☐ Yes	☐ No	Did the previous garment(s) fit?	☐ Yes	■ No
When are replacement/adjustments of garments needed? Please advise date:					

Complaint Details	
☐ Replacement	☐ Alteration
Details of Complaint:	
Please tick box if extra instructions attached ☐	

Delivery Details			
Despatch garment to *(please indicate)*:	☐ Hospital	or ☐ Patient	Date Required:
Address:			
			Post Code:

Premium™ MTM Data Order Forms can also be downloaded from our website - www.jobskin.co.uk