Premium™ MTM Pressure Garments Replacement and Alteration Form

For more information contact our Customer Service Team at:
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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.:	

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