Premium Pressure Garment Replacement and Alteration form

For more information contact our Customer Service Team
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Please note: we are unable to accept garments that are not in a hygienic condition and laundered

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

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

Details:

Patients file number:	Date: __ __ / __ __ / 2 0 __ __
Patients name:	DOB:__ __ / __ __ / __ __ __ __
Measurer/fitters name:	
Location/Hospital:	Hospital order number:
Direct contact phone number:	Garment number:

Product Code	Quantity	Description	Product Code	Quantity	Description

Instructions:

Date of fitting: __ __ / __ __ / 2 0 __ __

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/adjustment garments needed?

Please give date: __ __ / __ __ / 2 0 __ __

In your opinion what are the problem areas, as follows:

1) Garment could not be fitted ☐
2) Garment fitted except for specific areas ☐
3) Fitted perfect but early signs of wear ☐
4) Other ☐

Replacement ☐ Alteration ☐

Details of Complaint:

Please tick box if extra instructions attached ☐

Despatch garment to (please indicate): ☐ **Hospital or** ☐ **Patient** **Date required:** __ __ / __ __ / 2 0 __ __

Address:

Post code:

Is this a new patient: Yes ☐ No ☐

Number of times you have returned the garment for alteration: _____