

Re-order and Alteration form

Please note: We are unable to accept garments that are not in a hygienic condition and laundered. These garments will not therefore be processed.

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Whenever a patient experiences difficulties with a Garment, this form must be completed and returned together with the garment

Details:

Patients name:	DOB: __ / __ / ____
Hospital:	Date: __ / __ / 20 __
Therapist:	Direct contact phone number:
Garment order number:	Hospital order number:
Style of garment:	

Instructions:

Re-order <input type="checkbox"/> Alteration <input type="checkbox"/>
Please Note: A new measurement form must be completed for more than 2 minor alterations.
Please tick box if extra instructions attached <input type="checkbox"/>

Despatch garment to (please indicate): <input type="checkbox"/> Hospital or <input type="checkbox"/> Patient	Date required: __ / __ / 20 __
Address:	
Post code:	

Factory use only:	1st FOC <input type="checkbox"/>	Minor <input type="checkbox"/>	Medium <input type="checkbox"/>	Complex <input type="checkbox"/>	Re-placed FOC <input type="checkbox"/>
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