



VENOSAN® CUSTOM MADE ORDERS

PLEASE NOTE: NO ORDER PROCESSED WITHOUT THIS FORM

Contact Details for Venosan® Garment Order Queries

Date:

Customer Name:

Name of Therapist/Prescriber:

Preferred time for contact (please circle):

Monday Tuesday Wednesday Thursday Friday am pm

Telephone:

Fax:

Email Address:

Billing Details (Account number or Name):

Delivery address for Venosan® Garment:

Thank you for your cooperation. This will enable us to direct any queries to the appropriate contact person, saving time and guaranteeing prompt delivery – **The Venosan Customer Service Team**

For assistance or enquiry: Free Call: 1300 527 127 Email: sales@venosan.com.au