

Made to Measure- Leg Order Form

Email: sales@medicalaccessories.com.au or
Fax: 07 3870 5944



VENOSAN®

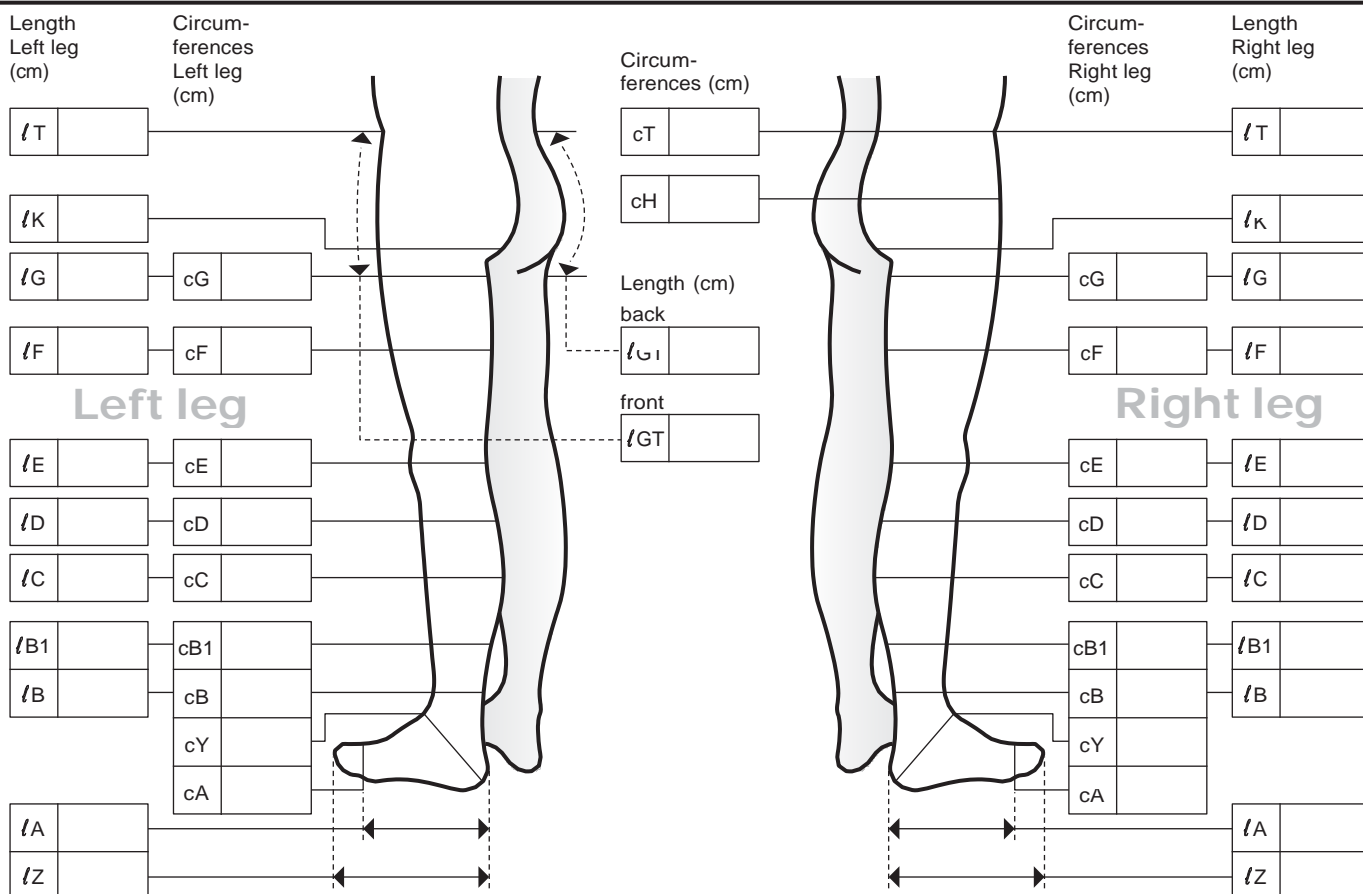
Compression Stockings

Patient Surname: _____ First name: _____ Date of birth (optional): _____	Customer: _____ Customer no: _____ Date: _____ Referred by: _____ PH: _____
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Style

Quality	Compression class			Style							
	I	II	III	AD	ADH	AG	AGH	AGG	AT	AT Men	ATU Materna
VENOSAN® 4000											
VENOSAN® 5000											
VENOSAN® 7000											

Colour:	Mexico (Beige) <input type="checkbox"/>	Black <input type="checkbox"/>	Quantity	Version
			<input type="checkbox"/> Pair	<input type="checkbox"/> plain top w. silicone dots
			<input type="checkbox"/> Pieces left	<input type="checkbox"/> lace top
			<input type="checkbox"/> Pieces right	<input type="checkbox"/> open toe
				<input type="checkbox"/> closed toe



Special requirements: _____

VENOSAN® distributed by: **Medical Accessories, 11/43 Lang Parade, Milton QLD 4064**

Customer Service: 1300 527 127

Measurements should be taken with the patient standing and if possible, after the leg has been rested and swelling is at a minimum. All measurements should be taken on the bare leg. Custom made stockings cannot be returned for credit. The manufacturer and supplier cannot be held responsible for incorrect measurements provided.