

FITTINGS BY APPOINTMENT ONLY

PLEASE CONTACT SURGICAL AND MEDICAL SUPPLIES ON 8332 1666.



SURGICAL AND MEDICAL SUPPLIES PTY. LTD.

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Date _____

SIGVARIS

Dear Surgical and Medical Supplies;

Please fit my patient, M _____

(Street) _____

(Suburb) _____ (Postcode) _____

With a SIGVARIS® graduated compression garment.

DIAGNOSIS: _____

Compression Class				
Travel Socks	(Y / N)			
Calf	1	2	3	4
Thigh	1	2	3	4
Thigh (with waist attachment)	1	2	3	
Pantyhose	1	2		
Maternity Pantyhose	1	2		
Arm Sleeve	1	2		
Arm Sleeve (with Mitten)	1	2		

Please circle above the compression class needed

(Compression Classes: 1 = 18-21mmHg, 2 = 23-32mmHg, 3 = 34-46mmHg, 4 = min 49mmHg)

Travel socks = 15-18mmHg

Yours sincerely,

(Sign) _____

(Please Print) _____

(Address) _____

(Phone) _____