



## ORDER FORM

## **SEND TO: Surgical and Medical Supplies Pty Ltd**

EMAIL: sales@surmed.com.au - FAX: 08 8332 5132 - PHONE: 08 8332 1666

16 Kensington Road Rose Park SA 5067

Patient's Name:		Friorie:	
Home address:			P/Code
		rning if swelling occurs in your le Ild be firm but not causing an inc	
СТ	BELOW KNEE GARMENT		
CH A-T	First measurement to be ta bone.	aken at the smallest part of the a	inkle, just above the anklo
CF A-G			
CE CD	Second measurement to be the knee when standing.	e taken 2 finger widths below th	e crease at the back of
CC CB <sub>1</sub>	Circumference <b>CD.</b> (Left) (Right) _		cm cm
CY	Third measurement is for the the inside of the leg from p	he length of the lower leg, to be point <b>CD</b> to the <b>floor.</b>	taken without shoes, on
CA			
THIGH HIGH AND THIGH W	ITH WAIST ATTACHMENT GARM	MENTS	
For Thigh high garments ple	ase measure at position <b>CB</b> and	CD above, with an additional 2	measurements below.
Third measurement to be to	ken at the top of the thigh, 5cm	n below the crotch.	
(D: -1-1)			_cm _cm
Fourth measurement is for <b>CG</b> to the <b>floor</b> .	the full length of the leg, to be t	aken without shoes, on the insic	de of the leg from point
			_cm _cm
PLEASE CIRCLE:			

Style: Below Knee, Thigh or Thigh with waist attachment **Colour:** Nature or (Black for below knee and thigh only ) Open Toe or (Closed Toe for below knee and thigh only)