

Fax: 01844 208843

10 DAYS - DELIVERY GUARANTEE

Haddenham Healthcare Ltd
Crendon House, Crendon Industrial Park,
Long Crendon, Bucks HP18 9BB
Tel: 01844 208842



Eto

COMPRESSION GARMENTS

Patient Name _____

Comments/special requirements:

Hospital/Clinic _____

Order No. _____ Telephone _____

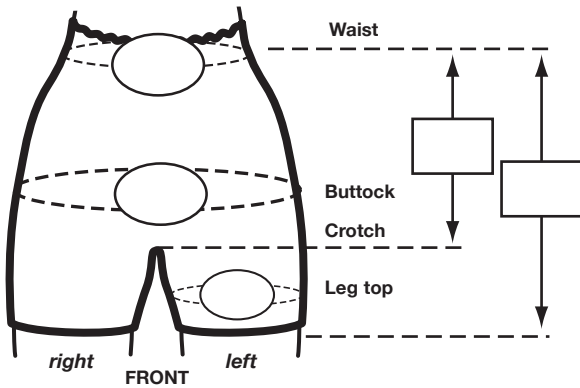
Measured by _____ Date _____

LOWER TORSO - CUSTOM MADE
MEASUREMENTS IN CMS. PLEASE USE BLACK INK.

SELECT COLOUR			SELECT CLASS		QUANTITY
<input type="checkbox"/> Beige	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> CCL1	<input type="checkbox"/> CCL2	For CCL3 please call Office

GENITAL OEDEMA

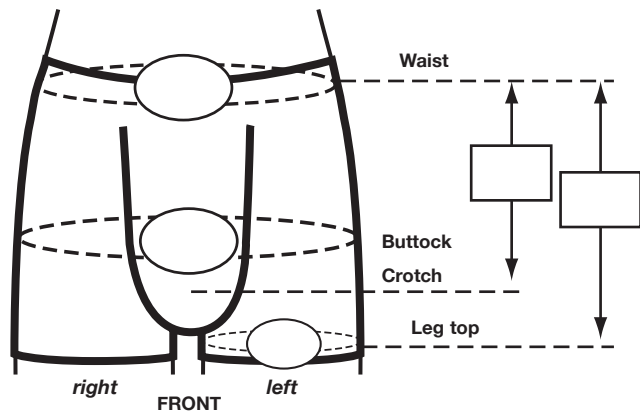
FEMALE MODEL 106



MALE MODEL 96 WITH FLY

MODEL 99 NO FLY

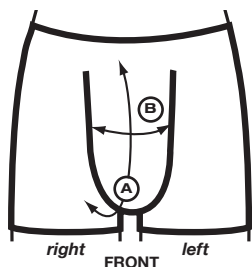
(SCROTAL AREA IS COTTON LINED)



ADDITIONAL MEASUREMENTS FOR POUCH

(A) LENGTH (WAIST TO PERINEUM) _____ CM

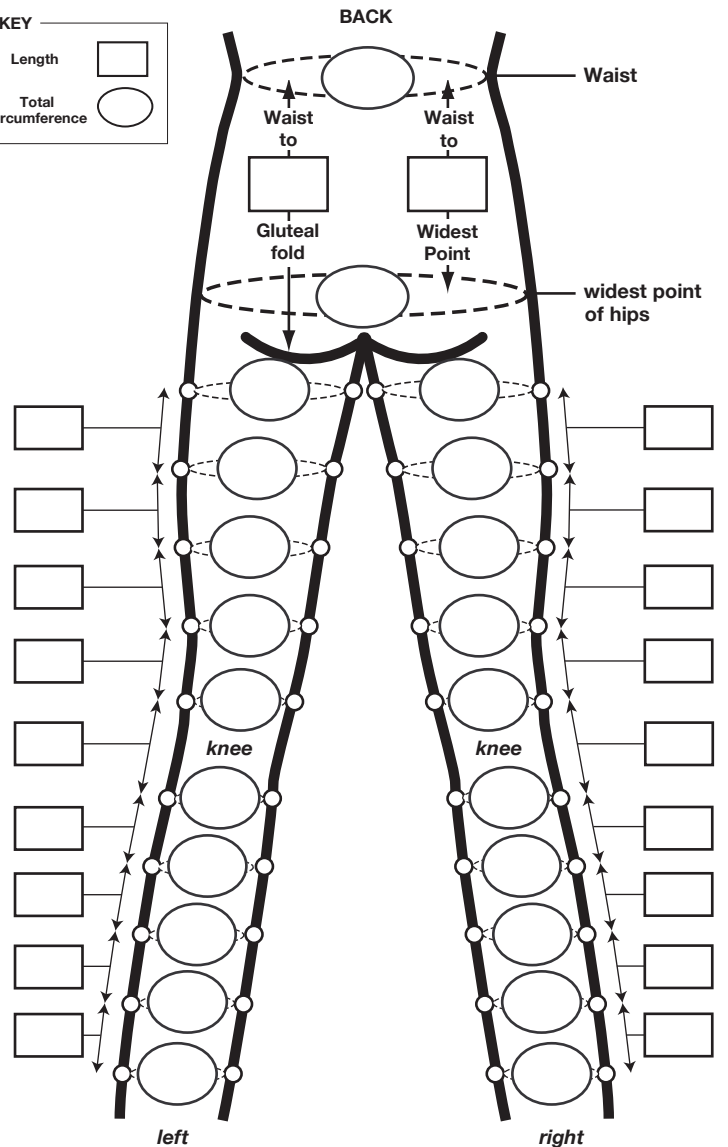
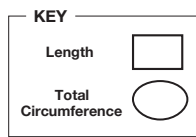
(B) WIDTH (WIDEST POINT) _____ CM



BESPOKE GENITAL / LOWER LIMB OEDEMA

MODEL NO. _____

PLEASE START MEASURING FROM THE WAIST. NOT THE FLOOR.



OUTSIDE LEG MEASUREMENT _____ CM
STRAIGHT LENGTH FROM WAIST TO BASE OF GARMENT

INSIDE LEG MEASUREMENT _____ CM
STRAIGHT LENGTH FROM CROTCH TO BASE OF GARMENT