

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 _____

Hospital/Clinic _____

Order No. _____ Telephone _____

Measured by _____ Date _____

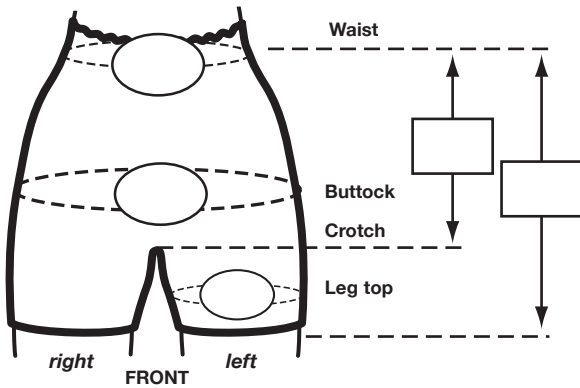
Comments/special requirements:

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

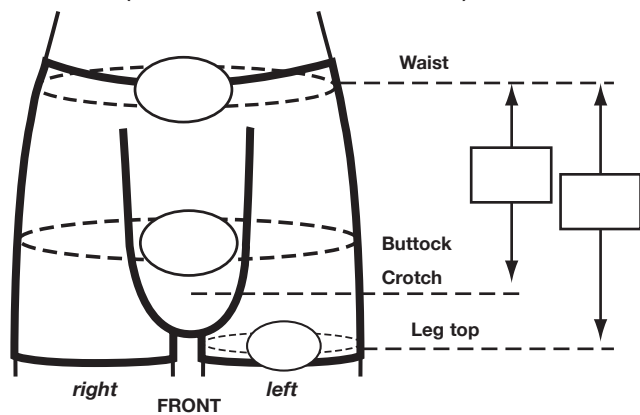
FEMALE MODEL 106



MALE MODEL 96 WITH FLY

MODEL 99 NO FLY

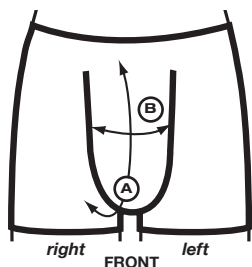
(SCROTAL AREA IS COTTON LINED)



ADDITIONAL MEASUREMENTS FOR POUCH

(A) LENGTH (WAIST TO PERINEUM) _____ CM

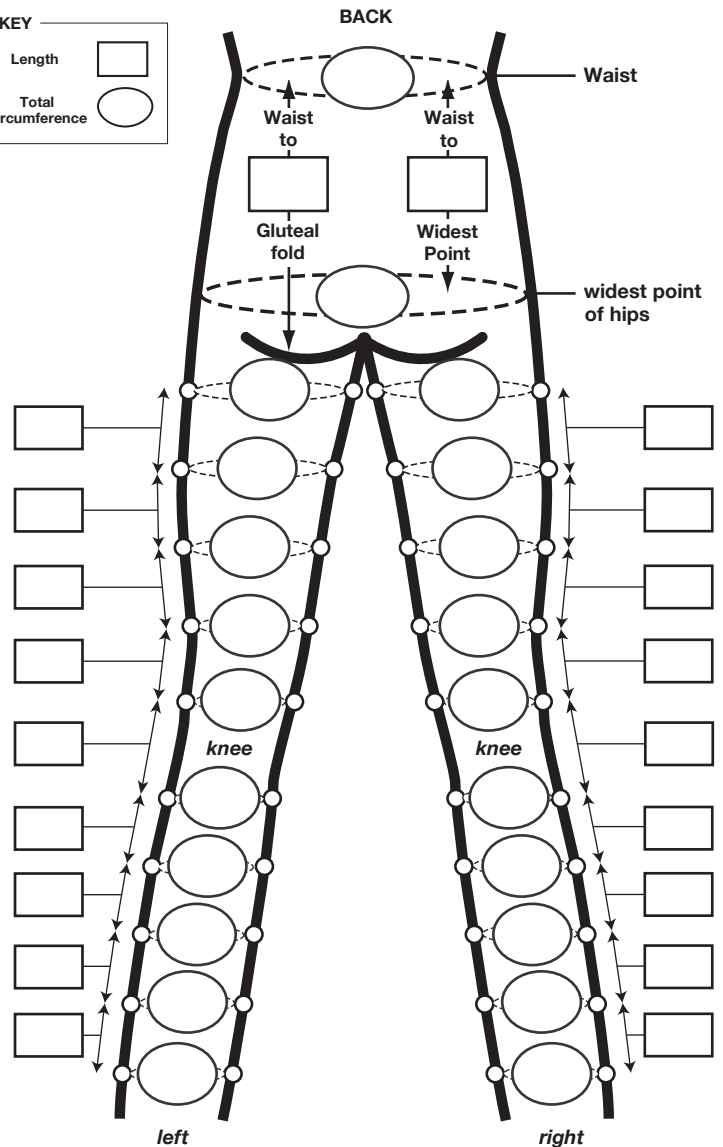
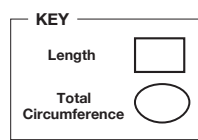
(B) WIDTH (WIDEST POINT) _____ CM



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