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10 DAYS - DELIVERY GUARANTEE

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



Eto

COMPRESSION POUCHES

Patient Name _____

Hospital/Clinic _____

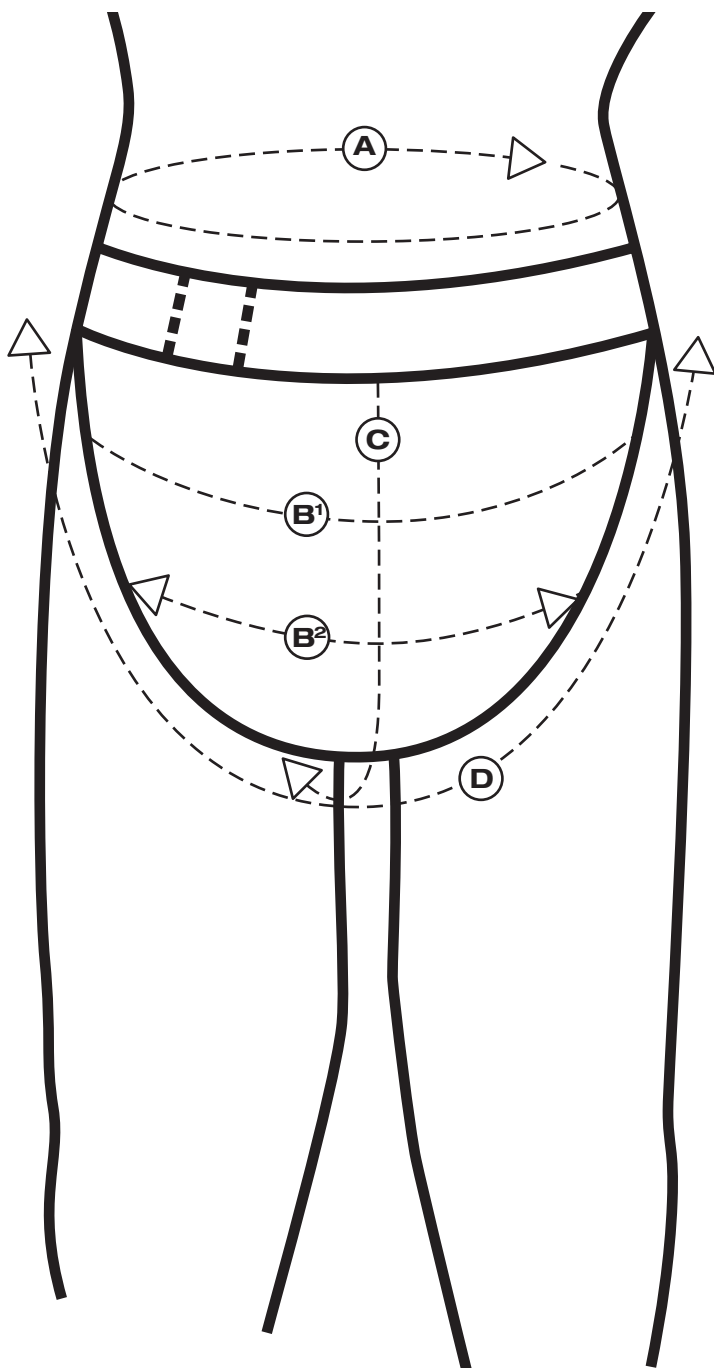
Order No. _____ Telephone _____

Measured by _____ Date _____

Comments/special requirements:

ETO ABDOMINAL SUPPORT POUCH

Soft cotton abdominal support pouch with adjustable Velcro® fastenings



SELECT MODEL

- ETO 12
 ETO 12P
with padding around edge

QUANTITY REQUIRED

WAIST BAND CIRCUMFERENCE

A _____ cms

POUCH WIDTH

B¹ _____ cms

B² _____ cms

POUCH LENGTH

Taken over the apron from where the waist band will sit, to underneath the apron at the top of pubic bone

C _____ cms

LENGTH AROUND APRON

D _____ cms

MEASUREMENTS IN CMS PLEASE USE BLACK INK

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