CUSTOM GARMENTS FP10 / GP10 ORDER FORM

fp10@hadhealth.com | Form Downloadable: www.hadhealth.com | F0033

HADDENHAM®

FAX: 01844 208843

Patient Name	Order No.	Pharmacy Delivery Address
Date Measured	Repeat Garment No.	
Measured by	Telephone	
Clinic / Hospital	E-mail	PostCode Tel

1 LENGTH MEASUREMENTS

FRONT — PANTY SHAPING — BACK

_____ cms — _____ cms

Pubic bone to **t** — Gluteal fold to **t**

g-t _____
(take measurement at side)

j-t _____
(take measurement at side)

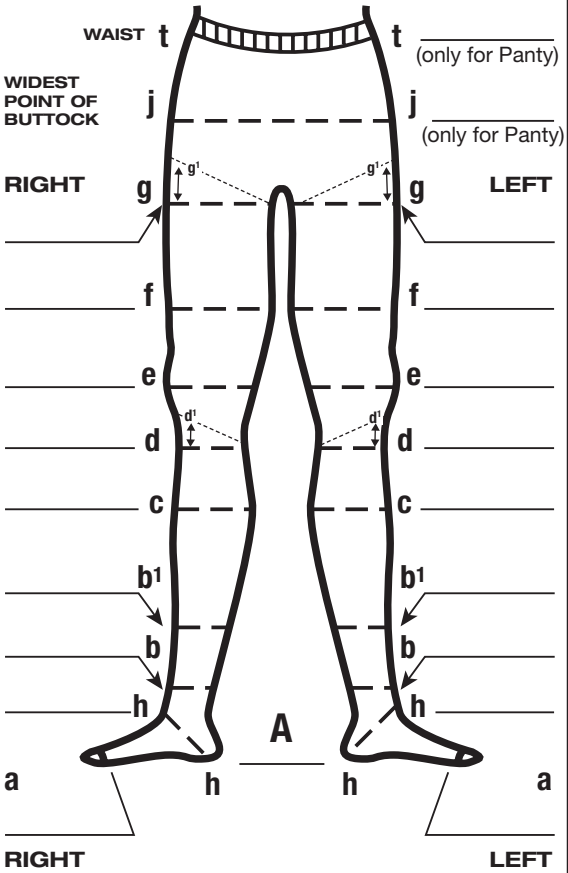
RIGHT		LEFT
_____	A-g	_____
_____	A-f	_____
_____	A-e	_____
_____	A-d	_____
_____	A-c	_____
_____	A-b_1	_____
_____	A-b	_____

RIGHT		LEFT
_____	Heel to **a** (FOR OPEN TOE)	_____
_____	Heel to **Top** of Big Toe (FOR CLOSED TOE)	_____

2 CIRCUMFERENCE MEASUREMENTS & STYLE

BELOW KNEE ☐
THIGH HIGH ☐
THIGH +WAIST ATTACHMENT ☐
PANTYHOSE ☐

RIGHT SIDE — LEFT SIDE



3 TOE CHOICE (no charge)

CLOSED TOE ☐ OPEN TOE ☐

SLANT CUT FOOT ☐
FLAT KNIT ONLY

Outside foot _____cm — Inside foot _____

4 SELECT FABRIC & COMPRESSION CLASS

FLAT KNIT

Pertex	Class 1	18-21 mmHg ☐
Pertex 2	Class 2	23-32 mmHg ☐
Pertex 3	Class 3	34-46 mmHg ☐
Goldpunkt 2	Class 2	23-32 mmHg ☐
Goldpunkt 3	Class 3	34-46 mmHg ☐
Goldpunkt 4	Class 4	49-70 mmHg ☐

SELECT COLOUR (no charge)

BEIGE	BLACK	LIGHT BEIGE *Pertex CCL1 & 2 only
☐	☐	☐

QUANITITY REQUIRED

RIGHT	LEFT	PANTYHOSE

5 SPECIAL STYLE OPTIONS

THIGH
WITH WAIST BAND ATTACHMENT

Attachment Type
Velcro ☐
Adjustable Button ☐

Circumference at waist _____

Length G to waist:
(take measurement at side)

Right _____cm **Left** _____cm

PANTYHOSE
ONE LEG

Left ☐
Right ☐

6 CHARGE OPTIONS

GRIP TOPS

3cm Plain Grip Top ☐
5cm Strong Plain Grip Top ☐
5cm Fine Lace Grip Top ☐
5cm Strong Lace Grip Top ☐
5x5cm Grip Pieces * ☐

2 MALLEOLOUS PADS*

Left ☐ Right ☐

FASTENINGS FLAT KNIT ONLY

Zip ☐ Velcro Fastening ☐ Velcro Straps ☐

From: _____ to _____

Position: Front ☐ Back ☐ Inside ☐ Outside ☐

**Please specify size and position in comments box (7)*

SPECIAL OPTIONS (no charge)

PANTY OPTIONS

Full Compression ☐
Other Compression *specify in comments (7)* ☐
Fly opening: Vertical ☐ Horizontal ☐
Open Crotch (no gusset) ☐
Loose Fit ☐ Open Front ☐
Soft Waistband ☐

LEG OPTIONS

Full Compression ☐
Higher Compression above _____ ☐
Reduced Compression above _____ ☐
Footless ☐
Slant Top g - g^1 / d - d^1 _____ ☐

7 COMMENTS / REQUESTS

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