




FAX: 01844 208843
TEL: 01844 208842

Patient Name	Order No.
Date Measured	Telephone
Measured by	E-mail
Clinic / Hospital	

KNOW THE PIP CODE?
www.hadhealth.com/pipcodes

PIP-CODE	e.g. 333-5320	QUANTITY
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ALTERNATIVELY, USE OUR PRODUCT SELECTOR BELOW

1. CHOOSE STYLE									
BELOW KNEE PAIR	THIGH HIGH PAIR + GRIP TOP			TIGHTS					
									
<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>					
2. CHOOSE FABRIC AND COMPRESSION									
	CLASS 1	CLASS 2	CLASS 3						
VENI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
STAR Cotton	<input type="checkbox"/>	<input type="checkbox"/>							
3. CHOOSE SIZING									
	I	II	III	IV	V	VI	VII	VIII*	
SIZE <small>*SIZE VIII ONLY AVAILABLE IN HADDENHAM VENI HOSIERY & STAR COTTON BELOWKNEE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	REGULAR		SHORT			LONG			
LEG LENGTH	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			
	STANDARD WIDTH			EXTRA WIDE					
WIDTH	<input type="checkbox"/>			<input type="checkbox"/>					
4. CHOOSE OPTIONS									
	OPEN TOE			CLOSED TOE					
TOE OPTION	<input type="checkbox"/>			<input type="checkbox"/>					
	BEIGE			BLACK					
COLOUR	<input type="checkbox"/>			<input type="checkbox"/>					
5. QUANTITY									
									PAIR(S)

6. IS A HOSIERY APPLICATOR REQUIRED?			
	YES	NO	QUANTITY
GUS COMFORT <small>PIP-CODE: 360-0285</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pharmacy Delivery Address _____

Postcode _____

E-mail _____

Telephone _____

Pharmacy Invoice Address _____

Postcode _____

E-mail _____

Telephone _____