

LOWER TORSO

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Eto

COMPRESSION GARMENTS

Patient Name _____
 Hospital/Clinic _____
 Order No. _____ Telephone _____
 Measured by _____ Date _____

Comments/special requirements:

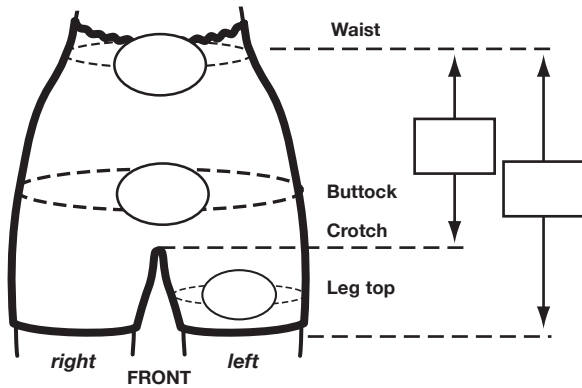
LOWER TORSO - CUSTOM MADE

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

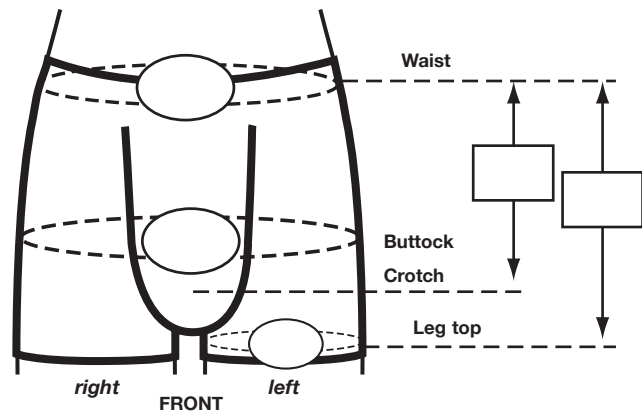
FEMALE MODEL 106



MALE MODEL 96 WITH FLY

MODEL 99 NO FLY

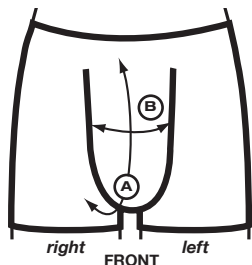
(SCROTAL AREA IS COTTON LINED)



ADDITIONAL MEASUREMENTS FOR POUCH

(A) LENGTH (WAIST TO PERINEUM) _____ CM

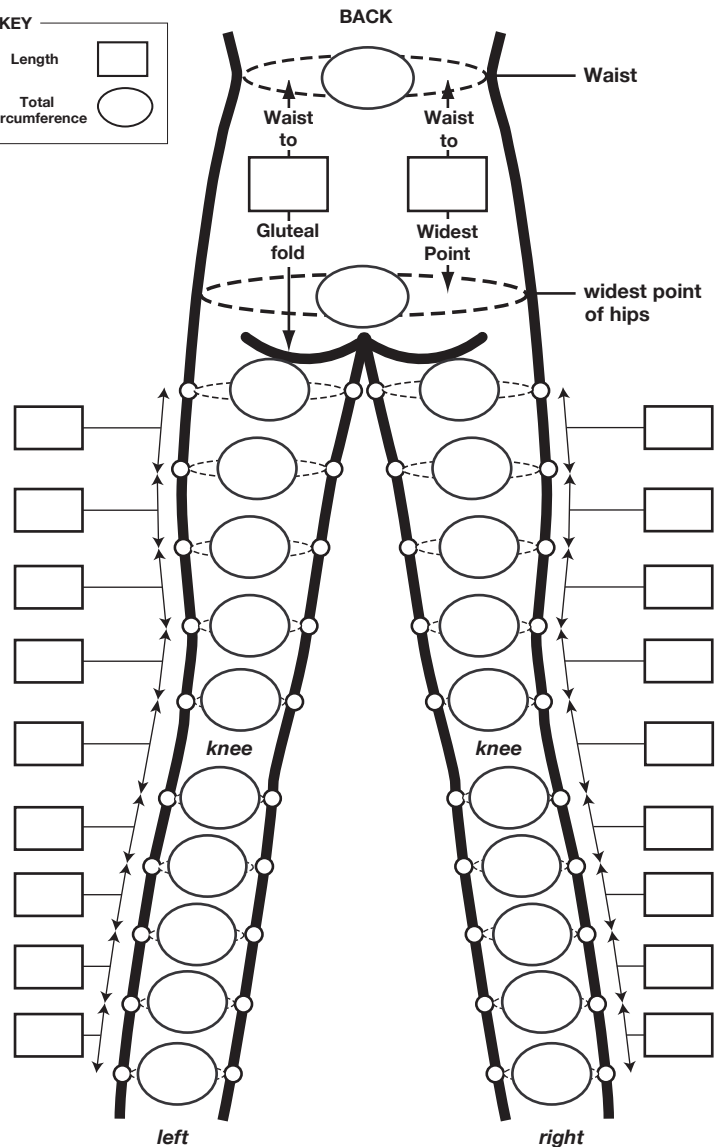
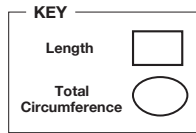
(B) WIDTH (WIDEST POINT) _____ CM



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