

SCROTAL SUPPORT
Fax: +61 3 9544 5512

tel: +61 3 9544 5515
email: sales@hadhealth.com.au
web: www.hadhealth.com.au



Eto

COMPRESSION POUCHES

Patient Name _____

Clinic Name _____

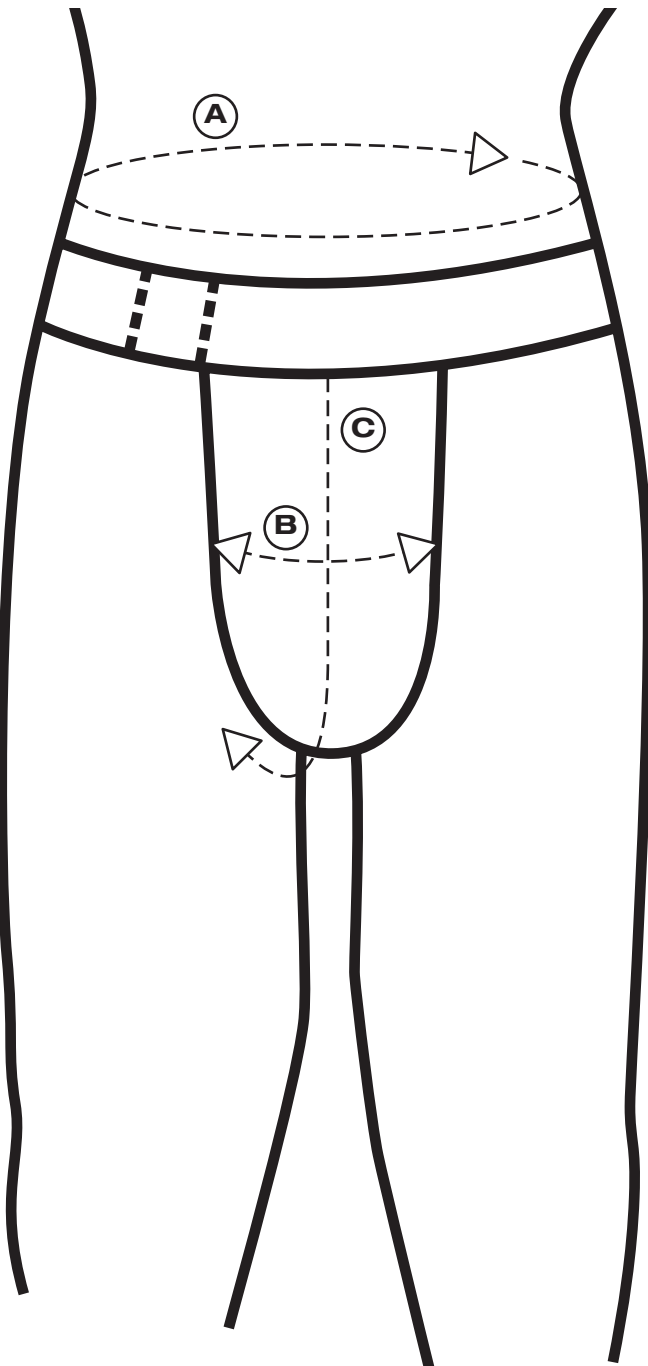
Hospital Name _____

Measured by _____

Date _____

Repeat No. _____

Comments/special requirements:



Select Model

ETO 11
 ETO 11P
 Haddenham 354

Quantity required _____

A
WAIST BAND CIRCUMFERENCE
_____ cms

B
POUCH WIDTH (WIDEST POINT)
_____ cms

C
POUCH LENGTH
(FROM WAISTBAND TO PERINEUM)
_____ cms

MEASUREMENTS IN CMS PLEASE USE BLACK INK