

READY TO FIT ORDER FORM

Mini Vest Vest To Waist Vest To Hip



**Therapist
Support
Laboratory**

PO Box 1022
Collingwood, Victoria, 3066
Tel: 03 9421 2880
Fax: 03 9421 1335
Website: www.tsaustralia.com.au
Email: tsl@tsaustralia.com.au

Patient Name _____

Diagnosis _____ **Age** _____

Date _____

Physio _____

Hospital _____

GARMENT DESCRIPTION

Class 1

Class 2

Male

Female

**Chest circ
at armpit**

Waist circ

Hip circ



DELIVERY DETAILS

Address: _____

PAYMENT DETAILS

Cheque

Credit Card Exp: - - / - -

No: - - - - - - - - - - - - - - - -