

# READY TO FIT ORDER FORM



**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 \_\_\_\_\_

M  F

Diagnosis \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

OT/Physio \_\_\_\_\_

Hospital \_\_\_\_\_

## GARMENT DESCRIPTION

Left Right

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DELIVERY DETAILS

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

## HOSPITAL ORDER NO:

\_\_\_\_\_

Place palm and  
wrist circumferences  
in boxes provided

## PAYMENT DETAILS

Cheque

Credit Card  Exp: --/--

No: -----

