

ORDER FORM

Date: _____

Patient DetailsPatient Type: New Patient Existing Patient Quote Only

First Name: _____ Last Name: _____

Preferred Pronouns: She/Her He/Him They/Them Other (Please specify): _____Anatomy: Female Male Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email Address: _____

Carer Details: Name: _____ Phone: _____ Relationship: _____

Diagnosis: _____

Referrer Details

Hospital/Private Practice: _____

Doctor/Surgeon: _____ Provider No.: _____

Therapist: _____ Provider No.: _____

Invoice to Hospital/Private Practice Name: _____ Order Number: _____ Patient Insurance Company: _____ Claim No.: _____

Case Manager: _____ Phone: _____ Email: _____

Employer Name: _____ Date of Injury: _____

Credit Card Details Name of Card Holder: _____

Card Number: --- Expiry Date (MM/YY): _____ CVC: _____**Deliver to** Hospital Address: _____ Private Practice _____ Patient As Above Other (Please specify): _____**Clinical Justification/Garment Description**

Patient Name:	Date:	
Therapist Name:	DOB:	Age:

Custom Made Abdominal Binder

Order Quantity

Colours

Garment 1 Colour Beige Black

Garment 2 Colour Beige Black

Level of Compression Required

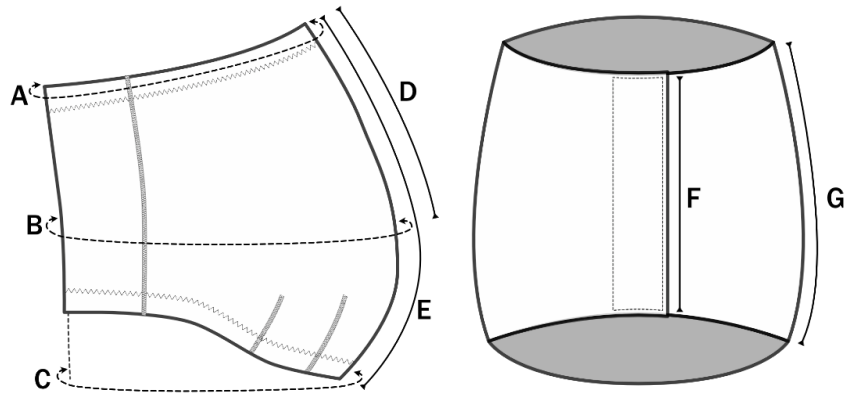
Light to Medium Medium to Strong

Donning/Doffing Ability of Patient

Self Assisted



Measurements (in centimetres)



A Top Circumference	<input type="text"/> cm	D Length from Top to Widest Point	<input type="text"/> cm
B Mid/Largest Circumference	<input type="text"/> cm	E Centre Front Length	<input type="text"/> cm
C Lower Circumference (Contoured)	<input type="text"/> cm	F Centre Back Length	<input type="text"/> cm
		G Side Length	<input type="text"/> cm

Note: TSL abdominal binders are made with various layers of Powernet which are darted to follow the contour of the body creating a shell which supports the hernia and surrounding area, and with a Velcro closure at the back of the garment. The binder cannot be open and stretched onto the body for donning. The binder must be donned with the Velcro closed. Patient must start in a seated position and feed their legs into the binder, then move to standing and pull the binder up into position. To doff the binder reach to the centre back and release the Velcro.

Please provide photos from all angles, in particular side angle, to help show the size and location of hernias. Soft Lycra panels may be added for stoma openings – please specify details in comments and provide photos to clearly show location.

Comments