TSL® Therapist Support Laboratory

Denton Mills Building
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Follow us on Instagram: tsl_aus

ALTERATION FORM

Date:

Garment Type:

Garment Date *(located on garment label)*:

Patient Details

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:

Note: TSL is committed to ensuring that all patients receive a good fitting garment. All garments are guaranteed to initially fit the patient. Alterations to the fit of the garment requested within the first 30 days from the original date of manufacture will be completed free of charge. Fit alterations requested beyond this time and other garment alterations may incur an alteration fee.

Invoice to (if applicable)

☐ Hospital/Private Practice ☐ Insurance ☐ Patient

Name:

Company Name:

Therapist:

Claim No.:

Order Number:

Deliver to

☐ Hospital

☐ Private Practice

☐ Patient ☐ As Above ☐ Other *(Please specify)*:

Address:

Alteration Details

If possible please include photos of patient wearing garment with alterations marked.

☐ Include Changes for Future Orders

☐ Do Not Include Changes for Future Orders

All garments must be freshly laundered prior to return

☐ Garment has been washed

Name:

Signature:

Return garments to – TSL, 52 Nicholson Street, Abbotsford, Vic, 3067

Include a copy of this form with the returned garment