

Denton Mills Building

52 Nicholson Street, Abbotsford VIC 3067

🜔 Tel: 03 9421 2880 | Fax: 03 9421 1335 | 🗹 tsl@tslaustralia.com.au

Date:

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## **ALTERATION FORM**

| Patient Datalis   First Name:   Last Name:   Profered Procount:   She/Har   Male   Date of Birth:   Age:   Address:   Phone:   Email Address:   Career Details:   Name:   Phone:   Birth Amme:   Phone:   Birth Address:   Career Details: Name: Phone: Relationship: Diagnosis: Note: To Liscommitted censuing that all patients receive a good fitting gament. All gaments are gueanteed to intally fit the patient. Alterations to the fit of the gament: all patient intervision and receive a good fitting gament. All gaments are gueanteed to intally fit the patient. Alterations to the fit of the gament: all patient intervisions on the fit of the gament: all patient intervisions on the fit of the gament: all patient intervisions on the fit of the gament: all patient intervisions on procura alteration free of darge. Fit sht rations requested by on the original data of manufacture will be completed free of darge. Fit sht rations requested by on the original data of manufacture will be completed free of darge. Fit sht rations requested by on the original data of manufacture will be completed free of darge. Fit sht rations requested by on the original data of manufacture will be completed free of darge. Fit sht rations free of | Garment Type:                                          |                                 | Garment Date (located on garment label): |         |  |
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| Perferred Procours: She/Her   Perferred Procours: She/Her   Anatomy: Female   Male Date of Birth:   Address:   Phone:    Phoetent  Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoetent Phoet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Patient Details                                        |                                 |                                          |         |  |
| Andromy: Female Male Date of Birth: Age:   Address: Email Address:   Phone: Email Address:   Carer Details: Name: Phone:   Bignoids:   Net: Stills committed to ensuring that all patients receive a good thild gamment. All gamments are quarmented to intally fit the patient into address in the gamment sequented to intally fit the patient into address:   Involceto (ff applicable) Insurance Patient:   Name: Company Name: Patient:   Name: Company Name: Patient:   Name: Company Name: Patient:   Protoceto (ff applicable) Insurance Patient:   Name: Company Name: Patient:   Protoceto (ff applicable) Insurance Patient:   Name: Company Name: Patient:   Protoceto (ff applicable) Patient: Patient:   Name: Company Name: Patient:   Protoceto Patient: Patient:   Name: Company Name: Patient:   Protoceto Other (Please good)//: Patient:   Protocode Protocode Other (Please good)/: Insuda Pactice Protocode Other (Please good)/: Protocode Protocode Other (Please good)/: Include Changes for Future Orders All gaments must be freshly laundered pilor to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | First Name:                                            |                                 | Last Name:                               |         |  |
| Address:   Phone:   Email Address:   Career Details:   Name:   Phone:   Phone:   Relationship:      Phone:   Relationship:    Relationship:   Dagnosis:      Name:   Phone:   Involce to (if applicable)      Involce to (if applicable)      Phone:   Relationship:      Involce to (if applicable)         Involce to (if applicable)                                                                           Phone:   Relationship:               Phone:   Relationship:    Phone:   Relationship:    Phone:   Relationship:         Phone:   Relationship:    Phone:   Relationship:       Phone:   Relationship:    Phone: <td>Preferred Pronouns: She/Her He/H</td> <td>Him They/Them</td> <td>Other (Please specify):</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Preferred Pronouns: She/Her He/H                       | Him They/Them                   | Other (Please specify):                  |         |  |
| Phone: Email Address:   Carer Details: Name:   Degnosis:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Anatomy: Female Male                                   | Date of Birth:                  | Age:                                     |         |  |
| Care Details: Name: Phone: Relationship:   Diagnosis:   Net: Relationship: Relationship:   Provide to fif applicable:   Invoice to fif applicable: Insurance Patient   Name: Company Name: Patient   Poliverto Claim No: Patient   Order Namber: Patient Address:   Private Practice Other (Please specify): Address:   Private Practice Other (Please specify): Address:   Therease the dubt of patient wearing gamment with alterations marked.   Include Changes for Future Orders Do Not Include Changes for Future Orders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Address:                                               |                                 |                                          |         |  |
| Diagnosis:     Netse SLis is committed to ensuring that all patients receive a good fitting gamment. All gamments are guaranteed to initially fit the patient. Alterations to the fit of the gamment sequested vitilinithe first 30 days from the original date of manufacture will be completed free of charge. Fit alterations requested beyond this imme and other gamment alterations may incur an alteration fee.   Invoice to (if applicable)    Invoice to (if applicable)    Name:   Company Name:   Therapist:    Company Name:  Therapist:    Company Name:  Therapist: Colaim No: Conder Number:  Deliver to Patient Address: Private Practice Private Practice Private Practice Private Practice Private Practice Private Practice Deliver to Other (Please specify): Alteration Details It can be availing agament with alterations marked. But the fit all parments weating gamment with alterations marked. Allgaments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Phone:                                                 | Email Address:                  |                                          |         |  |
| Nete: 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 advected 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) Insurance   Name: Company Name:   Therapist: Claim No.:   Order Number: Order Number:   Deliver to Address:   Private Practice Other (Please specify):   Alteration Details Interations marked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Carer Details: Name:                                   | Phone:                          | Relationship:                            |         |  |
| the gament requested within the first 30 days from the original date of manufacture will be completed free of charge. Fit alterations requested beyond this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Diagnosis:                                             |                                 |                                          |         |  |
| Hospital/Private Practice Insurance Patient   Name: Company Name: Patient   Therapist: Claim No.: Order Number:   Order Number: Deliver to Insurance   Deliver to Insurance Insurance   Private Practice Patient Address:   Private Practice Insurance Insurance   Patient A shove Other (Please specify):   If possible please include photos of patient wearing garment with alterations marked.    Include Changes for Future Orders Do Not Include Changes for Future Orders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the garment requested within the first 30 days fro     | om the original date of manufac |                                          |         |  |
| Name: Company Name:   Therapist: Claim No.:   Order Number: Claim No.:     Order Number:     Deliver to   Hospital Address:   Private Practice   Patient As Above   Other (Please specify):     Alteration Details      If possible please include photos of patient wearing garment with alterations marked.   If possible please include photos of patient wearing garment with alterations marked.   Alteration Details   Include Changes for Future Orders   Do Not Include Changes for Future Orders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Invoice to (if applicable)                             |                                 |                                          |         |  |
| Therapist: Claim No.:   Order Number:     Deliver to     hospital   Private Practice   Patient   As Above   Other (Please specify):   Alteration Details   If possible please include photos of patient wearing garment with alterations marked.   Include Changes for Future Orders   All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hospital/Private Practice                              | h                               | nsurance                                 | Patient |  |
| Order Number:     Deliver to     Hospital     Address:        Private Practice     Patient        As Above           Atteration Details                     Include Changes for Future Orders   Do Not Include Changes for Future Orders   All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name: Cor                                              |                                 | ipany Name:                              |         |  |
| Deliver to   Hospital   Private Practice   Patient   As Above   Other (Please specify):     Alteration Details   If possible please include photos of patient wearing garment with alterations marked.   If possible please include photos of patient wearing garment with alterations marked.     If possible please for Future Orders   Do Not Include Changes for Future Orders   All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Therapist:                                             | Clair                           | nNo.:                                    |         |  |
| Address:     Private Practice     Patient     As Above        Alteration Details   If possible please include photos of patient wearing garment with alterations marked.   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Order Number:                                          |                                 |                                          |         |  |
| Address:     Private Practice     Patient     As Above        Alteration Details   If possible please include photos of patient wearing garment with alterations marked.   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Deliver to                                             |                                 |                                          |         |  |
| Private Practice Patient As Above Other (Please specify): Alteration Details If possible please include photos of patient wearing garment with alterations marked. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                 |                                          |         |  |
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| If possible please include photos of patient wearing garment with alterations marked.  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                 |                                          |         |  |
| All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | garment with alterations marke  | ed.                                      |         |  |
| All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | -                               |                                          |         |  |
| All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                 |                                          |         |  |
| All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                 |                                          |         |  |
| All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                 |                                          |         |  |
| All garments must be freshly laundered prior to return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Include Changes for Future Orders                      |                                 | Do Not Include Changes for Future Orders |         |  |
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| Garment has been washed     Name:     Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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