



# Patient Record

**Date** \_\_\_\_\_

## Patient Details

Name \_\_\_\_\_

**M**    **F**

Address \_\_\_\_\_

Phone No \_\_\_\_\_

Diagnosis \_\_\_\_\_      DOB \_\_\_\_\_

## Payment Details

Hospital \_\_\_\_\_      Order No. \_\_\_\_\_

Dr/Surgeon \_\_\_\_\_      OT/Physio \_\_\_\_\_

## Private

<input type="checkbox"/> Credit Card Name on Card _____  No: ____ / ____ / ____ / ____      Exp: __ / __
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## Insurance Details

Insurance Company \_\_\_\_\_      Claim No \_\_\_\_\_

Case Manager \_\_\_\_\_      Contact Email \_\_\_\_\_

Contact No \_\_\_\_\_

Employers Name \_\_\_\_\_      Date of Injury \_\_\_\_\_

## Additional Comments

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## Delivery Address

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**Therapist  
Support  
Laboratory**

PO Box 1022  
Collingwood, Victoria, 3066  
Tel: 03 9421 2880  
Fax: 03 9421 1335  
Website: [www.tslaustralia.com.au](http://www.tslaustralia.com.au)  
Email: [tsl@tslaustralia.com.au](mailto:tsl@tslaustralia.com.au)

## Custom Made Scrotal Support

Available in Brushback Powernet fabric



Provides support and patient comfort by alleviating heavy sensation and is comfortable to wear

Please note this garment does not apply Circumferential Pressure

Patient Name:	_____
DOB :	_____
OT/Physio:	_____
Hospital:	_____
Date:	_____

<b>Delivery Details</b>
Address: _____
_____
_____
Phone: _____

<b>Payment Details</b>
Credit Card <input type="checkbox"/>
Name on Card _____
No: - - - - -
Exp: - - / - -

<b>How to measure:</b>
Measure waist circumference <input type="text"/> cm
Estimate the scrotum size
<input type="checkbox"/> Small = Orange
<input type="checkbox"/> Medium = Rock Melon
<input type="checkbox"/> Large = Watermelon