Jobskin® Corset

Special Order Form

Medigarments Ltd®
DESIGNED AROUND YOU

Order Details

Date: _____
Our Original Sales Order No.: _____
Contact Name: _____
Contact Phone No.: _____
Email: _____
Hospital/Clinic: _____
Delivery Address: _____
_____
_____ Post Code: _____

PLEASE NOTE: This form is intended to accommodate special patient requirements which are outside of the designs and modification options on the main order forms.

Special Instruction Guidelines

The intention is to enable a more customised solution for when the needs of the patient cannot be met through the made-to-measure CE marked products.

Please send us the most appropriate standard form complete with measures and any other relevant information within the design choices and modifications. Also provide with this form any additional photographs to support the request.

Your request will then be looked at by our design team who will come back to you with a response and to discuss what we can do to provide a solution.

Designs outside of the standard range offered are subject to a separate quotation and do not fall within the standard price list.

☐ Measurement form included ☐ Provided images

You may continue on the next page if there is not enough space.

When completed, please click: customerservice@jobskin.co.uk to email your electronic order form

Please download your electronic forms directly from our website – www.jobskin.co.uk/file-download

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