



**PLEASE NOTE:** All returned garments must be in a clean laundered condition, we are unable to accept soiled garments.

All fields are required in order to process your order

### Order Details

Date: \_\_\_\_\_ Date Required: \_\_\_\_\_

Our Original Sales Order No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### Alteration Categories

**Minor:** Reduction in size, maximum 2-3 seams altered, shortening of sleeve and leg length, neck line cutback

**Medium:** Increase in circumference with addition of inserts to maximum of 3cm

**Major:** Multiple adjustments: combining reduction as well as inserts and/or additional panels

A member of the Medigarments customer service team will contact you upon receipt, to confirm the charges.

**Clinician Number:** \_\_\_\_\_

**Instructions**  Please tick if additional instructions are attached.

When completed, please click: [thrive@wellandable.com.au](mailto:thrive@wellandable.com.au) to email your electronic order form