

Please complete this side for all garments to be returned

Please tick the relevant boxes:

Pressure Garments:

- | | |
|---|--|
| <input type="checkbox"/> PG1 Vest sleeveless | <input type="checkbox"/> PG21 Below knee stocking open/closed toes |
| <input type="checkbox"/> PG2 Vest sleeves | <input type="checkbox"/> PG22 Thigh length stocking open/closed toes |
| <input type="checkbox"/> PG3 Leotard sleeveless | <input type="checkbox"/> PG23 Panty short legs |
| <input type="checkbox"/> PG4 Leotard sleeves | <input type="checkbox"/> PG24 Panty long legs |
| <input type="checkbox"/> PG5/6 Trunk belt | <input type="checkbox"/> PG25 Leg sleeve |
| <input type="checkbox"/> PG07 Bra vest | <input type="checkbox"/> PG26 Single leg/waist attachment |
| <input type="checkbox"/> PG10 Single arm | <input type="checkbox"/> PG27 Single leg/hip style |
| <input type="checkbox"/> PG12 Single arm/band | <input type="checkbox"/> PG31 Chin strap |
| <input type="checkbox"/> PG12a Arm sleeve/flap | <input type="checkbox"/> PG32 Mask |
| <input type="checkbox"/> PG13 Glove to wrist | <input type="checkbox"/> PG33 Open face mask |
| <input type="checkbox"/> PG14 Glove above wrist | <input type="checkbox"/> PG34 Wide chin strap |
| <input type="checkbox"/> PG16 Gauntlet to wrist | <input type="checkbox"/> PG35 Skull cap |
| <input type="checkbox"/> PG17 Gauntlet above wrist | <input type="checkbox"/> PG52 Sternum garment |
| <input type="checkbox"/> PG20 Sock open/closed toes | <input type="checkbox"/> Other: _____ |

Sensory Dynamic Orthosis (SDO):

- | | |
|---|--|
| <input type="checkbox"/> PCP1 Leotard or vest sleeveless | <input type="checkbox"/> PCP9 Single leg with/without sock |
| <input type="checkbox"/> PCP2 Leotard or vest sleeves | <input type="checkbox"/> PCP12 Gauntlet to wrist |
| <input type="checkbox"/> PCP3 Body suit/short legs & sleeveless | <input type="checkbox"/> PCP13 Gauntlet to elbow |
| <input type="checkbox"/> PCP4 Body suit/long legs & sleeveless | <input type="checkbox"/> PCP14 Glove to elbow |
| <input type="checkbox"/> PCP5 Body suit/legs & short/long sleeves | <input type="checkbox"/> PCP15 Pants short/long legs |
| <input type="checkbox"/> PCP6 Single arm sleeve | <input type="checkbox"/> PCP18 De-rotational band |
| <input type="checkbox"/> PCP7 Glove to wrist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> PCP8 Sock | |

Is this a new patient: Yes No

Number of times you have returned the garment for alteration: _____

Returned due to:

- Measuring error
- Unable to achieve a good fit
- Early signs of wear
- Garment not made to specification
- Quality (please give details): _____

Garment measured by:

- Therapist
- Orthotist
- G&M