



Patient Name	Purchase Order No.
Date Measured	Telephone No.
Therapist	Fax
Clinic / Hospital	Email

### PRODUCT ORDER

For stock codes, please refer to pink row within the Haddenham Catalogue. Easywrap and Cornfiwave stock orders can be requested by attaching a corresponding stock order form. Order forms are available for download from our website, [www.hadhealth.com.au](http://www.hadhealth.com.au) \*Colour options only available for Microfine and Veni Shorts on stock orders.

STOCK ORDERS					
STOCK CODE	STYLE	SIZE	OPEN/CLOSED TOE	COLOUR*	QUANTITY

**MTO ORDERS**

LOWER LIMB

*If you are ordering any **Made to Order** or **Custom** garments, please tick the appropriate box within the adjacent fields to confirm which product you are looking to purchase. Once ticked, please also enclose or attach the relevant measurement form. Forms can be downloaded from our website [www.hadhealth.com.au](http://www.hadhealth.com.au)*

**CUSTOM ORDERS**

LOWER LIMB   
 UPPER LIMB   
 TOECAP   
 EASYWRAP   
 ETO GARMENTS

**DELIVERY ADDRESS:**

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

**INVOICE ADDRESS:**

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

**PAYMENT DETAILS:** *If your patient would prefer to pay over the phone please provide customer phone number. Please note that despite best efforts this could delay order processing.*

Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder Signature\* \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*\*By signing the above field, I authorise all transactions indicated within this form.*