

ORDER REQUEST FORM: BIOCOMPRESSION PUMP AND GARMENTS

Email, fax or post this completed form to Medi-Rent and call us with payment details to complete your order.
 For latest pricing email info@medirent.com.au

1. ORDER DETAILS

Date Requested

Required Delivery Date

Clinician

1. Courier to:
 (Fees apply)

Clinician's address

Phone No.

2. PATIENT DETAILS

Patient

DOB

2. Courier to:
 (Fees apply)

Patient's Address

Email

Home phone

Mobile

or 3. Home set-up Sydney Metro (Premium service fees apply)

3. BILLING INFORMATION

Who is paying?

Hospital -----

Client

ORDER REQUIREMENTS

Clinicians must complete this section for prescribed settings and garments

PUMP DETAILS

Model Number: SC-2008-OC-230

- 8 - 16 chamber system
- 60 second cycle time
- 20 - 80 mmHg pressure range

Therapist Prescription

Pressure: -----

Session duration: -----

GARMENTS Customer measurements required overleaf

Garment/s reqd: 16-chamber Bio-pants

Qty: ----- 8-chamber custom Legs

CUSTOM MEASUREMENTS FOR BIOCOMPRESSION LEG OR PANT GARMENTS

PATIENT NAME: _____

Please check the garment box relevant to your order

1. LEG GARMENTS

For custom leg garments please complete ALL measurements in **diagram A**.

2. BIO PANTS

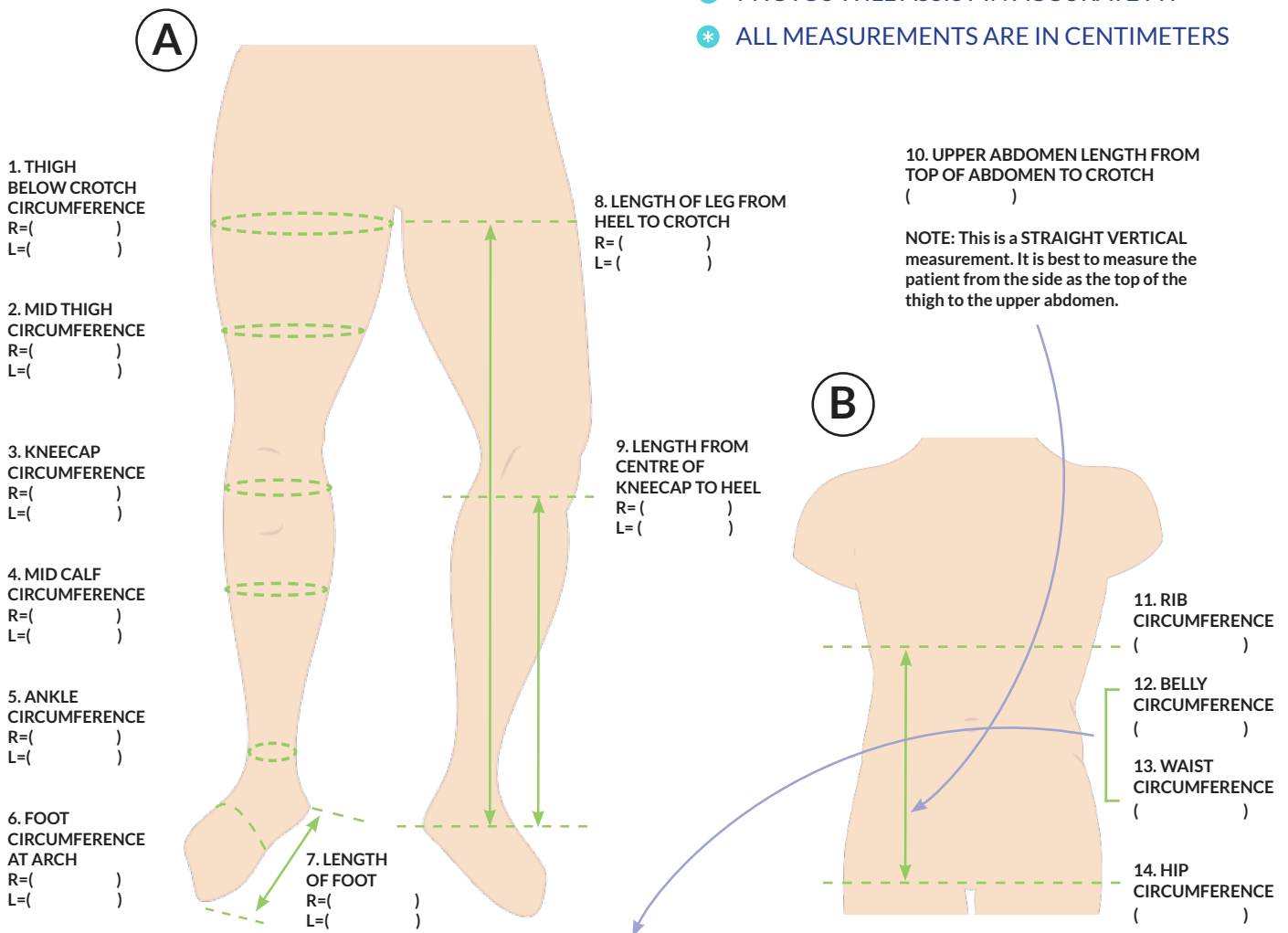
For custom biopant garments please complete ALL measurements in **diagram A and B**.

NOTE: When measuring patients, please write the exact measurements on the form below. The additional centimeters for the proper fit will be added by production personnel at Bio Compression.

Please indicate in anatomical area below, any additional unusual measurements pertinent to the fitting.

Special Instructions: _____

- * PHOTOS WILL ASSIST IN ACCURATE FIT
- * ALL MEASUREMENTS ARE IN CENTIMETERS



Measurements 12 and 13 should be equally distributed vertically between 11 and 14. If the patient has a uniquely wide girth, please ensure this is recorded in either 12 or 13 so the pant design accommodates