Alpha Medical Solutions

REGISTERED NDIS PROVIDER

Minappi Custom Product Order Form

Please complete the form below and return it to info@alphamedicalsolutions.com.au .

MEASUREMENT SHEET & **ORDER** FORM

Please complete all areas below (in cm!) and return to us - see methods at bottom of page

WAIST *(circumference)* _____ *cms*

HIPS *(circumference)* _____ *cms*

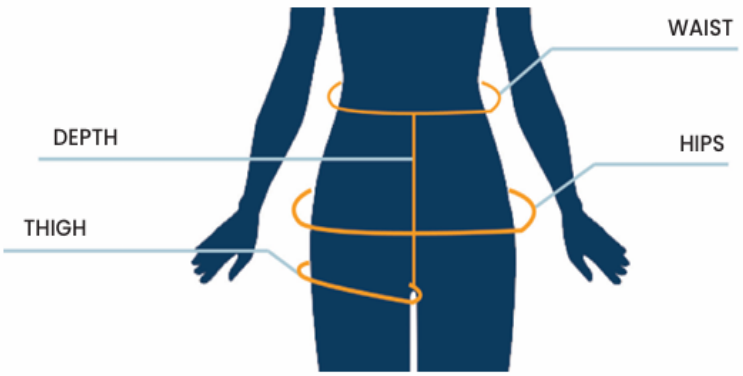
LEFT THIGH *(circumference, top left thigh)* _____ *cms*

RIGHT THIGH *(circumference, top right thigh)* _____ *cms*

DEPTH *(centre front waistband to centre back waistband, between legs)* _____ *cms*

QUANTITY _____

Comments _____



Client Name _____ ***Phone*** _____

Delivery address _____

CUSTOM MADE MINIMUM ORDER QUANTITY = 3