



Venosan Compression Stockings Order Form

PLEASE PRINT CLEARLY TO AVOID DELAYS

Patient's Name:	Prescribed By:	Phone (required):
Send Bill To: (you must obtain bill payer's approval before ordering)		Deliver To: (leave empty if same as Bill To address)
Full Name: _____		Facility Name: _____
Address: _____		Address: _____
Suburb: _____ State: _____ Post Code: _____		Suburb: _____ State: _____ Post Code: _____
Phone: _____ Email: _____		Phone: _____

Credit terms available for facilities with an A.B.N. are net 30 days. Individuals must pay invoice prior to goods being shipped. Accepted methods of payment are Visa, MasterCard, Cheque, Money Order and E.F.T.

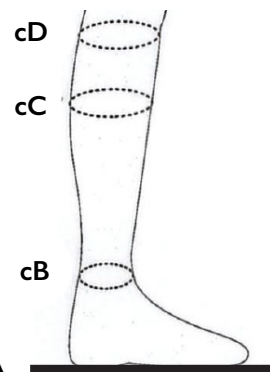


SIZING FOR VENOSAN 6000 CLASS 1 - 18 - 21 mmHg BELOW KNEE - BEIGE ONLY

		SMALL	MEDIUM	LARGE	X-LARGE
cB	ANKLE	20 to 22 cm	23 to 25 cm	26 to 28 cm	29 to 31 cm
cC	CALF	30 to 39 cm	33 to 41 cm	36 to 44 cm	39 to 47 cm
cD	BELOW KNEE	29 to 38 cm	32 to 40 cm	35 to 43 cm	38 to 46 cm

Measurements are to be taken:

- Early morning or after leg has been rested
- Standing position where possible



cD = Below knee (narrowest point)
cC = Widest part of calf
cB = Ankle (narrow point above ankle bone)
A = Floor

STEP 1: Select Length

Short (34 - 39 cm) ☐ Tick
Long (39 - 44 cm) ☐

STEP 2: Select Style

Open Toe ☐ Closed Toe ☐

STEP 3: Select Size

Qty
Small ☐
Medium ☐
Large ☐
X-Large ☐

For more information & order forms, please visit:
www.gmobility.com.au

STEP 4: Fax this form to **03 5623 4724**
or email to info@gmobility.com.au