

HipSaver Priority Order Form



PLEASE PRINT CLEARLY TO AVOID DELAYS

| | | |
|--|---|-------------------------|
| Wearer's Name: _____ | Ordered 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.

STEP 1: Select Style

STEP 2: Select Gender

STEP 3: Select Size

STEP 4: Select Model & Quantity Required

Undergarments

| | |
|--------------|--------------------------|
| | Tick |
| Nursing Home | <input type="checkbox"/> |
| QuickChange | <input type="checkbox"/> |
| SlimFit | <input type="checkbox"/> |
| Open-Bottom | <input type="checkbox"/> |

| | |
|--------|--------------------------|
| | Tick |
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |

| Hip Measurement | Size | Tick |
|-------------------------------|------|--------------------------|
| 70 cm to 81 cm (28" to 31") | XS | <input type="checkbox"/> |
| 82 cm to 92 cm (32" to 35") | S | <input type="checkbox"/> |
| 93 cm to 102 cm (36" to 39") | M | <input type="checkbox"/> |
| 103 cm to 114 cm (40" to 44") | L | <input type="checkbox"/> |
| 115 cm to 127 cm (45" to 50") | XL | <input type="checkbox"/> |
| 128 cm to 146 cm (51" to 57") | XL | <input type="checkbox"/> |

When assessing wearer's size, measure all the way around the widest part of the hips, over any incontinence product if applicable.

| | Qty |
|--|--------------------------|
| Protective Pads Only <i>1 set of hip protecting pads (includes 2 pads)</i> | <input type="checkbox"/> |
| Pant Only <i>1 pant for holding hip protecting pads (hip protecting pads not included)</i> | <input type="checkbox"/> |
| Starter Kit <i>3 pants and 1 set of removable interchangeable hip protecting pads</i> | <input type="checkbox"/> |
| High Compliance <i>1 pant with hip protecting pads permanently sewn in</i> | <input type="checkbox"/> |
| High Compliance with Tailbone <i>1 pant with hip and tailbone protecting pads permanently sewn in (not available in Open-Bottom)</i> | <input type="checkbox"/> |
| Veterans Kit 2 <i>(Free yearly entitlement for DVA clients) 6 pants and 2 sets of removable interchangeable hip protecting pads</i> | <input type="checkbox"/> |
| Veterans High Compliance Pack <i>(Free yearly entitlement for DVA clients) 6 pants with hip protecting pads permanently sewn in</i> | <input type="checkbox"/> |

OFFICE USE ONLY

02/2019

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

NB: When ordering for a DVA client, a DVA Rap form D992 is required.

STEP 5: Fax this form to **03 5623 4724**
or email to info@gmobility.com.au