



**GARMENT ALTERATION ADVICE SHEET**

Date		Client Name	First	Surname
Therapist requesting alteration:				
Hospital / Company				
Best contact details for therapist	Email: _____ Phone: _____			
Garment/s				
What are you seeing?				
<input type="checkbox"/> Photos taken (essential) (Show area of concern; front, side and back views; marked up garment; pinching out for retention)				
Details of alteration required				
Funding Source	<input type="checkbox"/> NDIS <input type="checkbox"/> Insurance - Claim # _____ Contact: _____ <input type="checkbox"/> Private – Contact _____		<input type="checkbox"/> Hospital PO _____ <input type="checkbox"/> Other _____ <b>Please provide details for who to contact for quote approval.</b>	
Contact name & address for delivery				