

# WILL AID

## Health Care Equipment

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### Compression Stocking Order Form

Date \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Referring Practitioner: \_\_\_\_\_  
Practitioner Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

1. Select Class:
  - Support Wear (10-15mmHg)
  - Class 1 (15-20mmHg)
  - Class 2 (20-30mmHg)
  - Class 3 (30- 40mmHg)
  
2. Select Style
  - Below Knee
  - Thigh Length
  - Maternity
  - Waist (Chap-right/left leg)
  
3. Select:
  - Open Toe
  - Closed Toe

Other Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WILL AID HEALTH CARE EQUIPMENT** has an interest in the correct fitting and measurement of graduated compression leg wear. We pride ourselves on ethical interaction with prescribing practitioners.

Please feel free to contact the staff at **WILL AID HEALTH CARE EQUIPMENT 66517900** to talk with us or arrange an appointment for our free measuring service.

**Measurements are best taken in the morning before swelling occurs.**  
A range of Stocking Applicators are also available.