

Measurements/Orders

G&M Product Order Form

Invoice Address:

Hospital: _____
Department: _____
Address: _____
Postcode: _____

Delivery Address:

Hospital: _____
Department: _____
Address: _____
Postcode: _____

Customer Account Code: _____

Official Order No: _____

Patient Name: _____

Contact Information:

Title: _____

Tel: _____

Initials: _____

Fax: _____

Surname: _____

Email: _____

Order Code	Page No.	Description	Size/Colour (footwear incl. 2nd colour choice)	Qty

Delivery Options:

Standard (2-3 days) Express (24 hr) Before 9am Before 10am Before 12pm

Signature: _____

Date: _____

Print Name: _____

Additional Marketing Materials:

Please send me: Catalogue Price List

Fax your completed order to:
or tel: 0121 475 1101

0121 478 0163
email: sales@gilbert-mellish.co.uk