

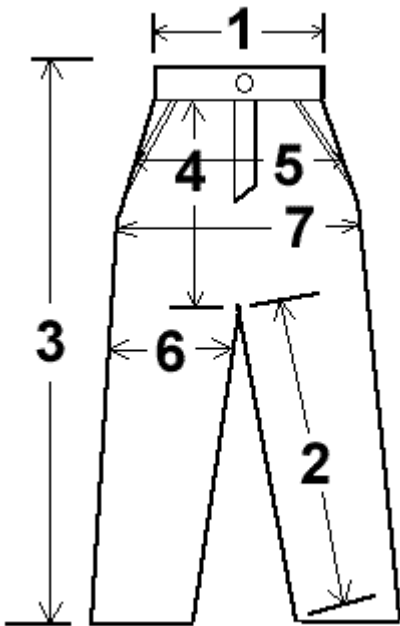


HipSaver Canada
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 Canada

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SPECIAL ORDER FORM

Which HipSaver model are we altering for you? _____



Indicate measurements ONLY for those measurements which are to be altered:

1. Waist circumference _____
2. Inseam length _____
3. Waist to bottom of outside leg length _____
4. Waist to crotch length _____
5. Largest circumference of belly _____
6. Thigh circumference _____
7. Hip circumference measurement* _____

- Measure around the widest part of the hips. Take the measurement over top of the underwear or, if worn, the incontinence brief.

PLEASE NOTE: WHILE WE ARE HAPPY TO DO THIS SPECIAL ORDER FOR YOU, IT MAY NOT BE RETURNED, CANCELLED OR EXCHANGED UNDER ANY CIRCUMSTANCES. WE SUGGEST YOU MEASURE TWICE!

Please submit this order form together with our regular order form for HipSaver Hip Protectors or HipSaver SoftSweats so that we have all of the required ordering, billing, shipping, colour and option information.

Number of units to be produced with these alterations: _____

Ordered by: (please print your name) _____

Signed by: _____