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DIABETIC SOCKS REORDER FORM

DELIVERY DETAILS.

Date: _____ Pharmacy name: _____ Tel Number: _____

Delivery Address: _____ Ordered By: _____

_____ Order Number: (if applicable) _____

Note.

- This reorder form mirrors the 4 panels of diabetic socks on the stand.
- We recommend that you stand with this re-order sheet in front of the diabetic socks display stand
- Start with panel DA (2 for \$10 M) and look at one panel of socks at a time.
- Each reordered sock type is supplied in packs of 1 dozen pairs.
- Below each peg number, write in how many dozen pairs to be re-ordered for that particular peg.
- Do the same for each of the 4 sides.
- For easy fill-ups each batch of 12 reordered socks will come labelled with the corresponding peg (eg DA5 = 5th peg on Panel DA (2 for \$10 M)).

DETAILS OF ORDER. (Please enter the number of dozen you wish to order for each peg number)

DA (2 for \$10 M)

1	2	3
4	5	6

DB (3 for \$10 M)

1	2	3
4	5	6

DC (2 for \$10 L)

1	2	3
4	5	6

DD (3 for \$10 L)

1	2	3
4	5	6