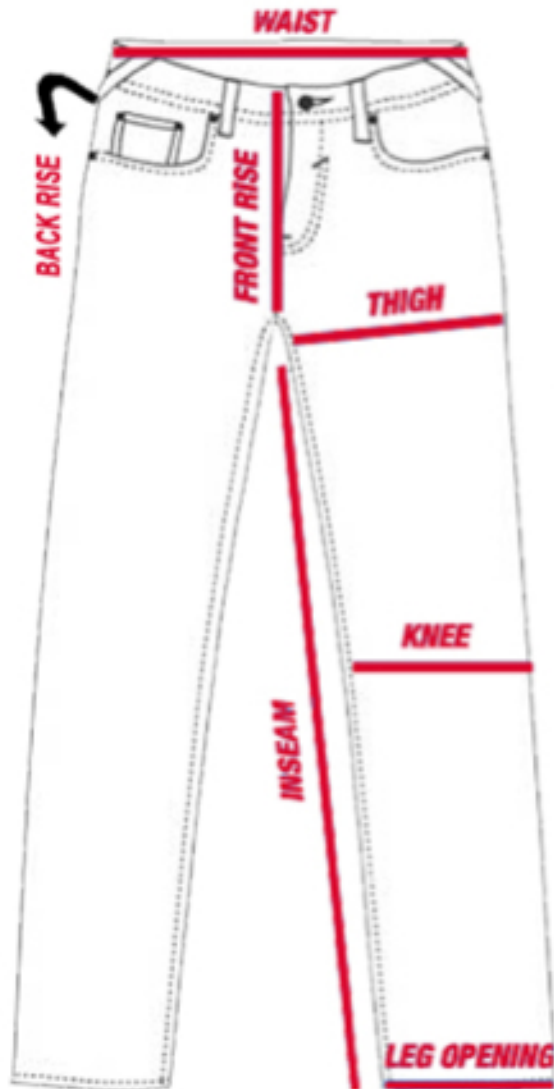


# Alteration Form

Only fill in measurements that apply to your alteration needs.

Mail to: **Denim Surgeon/Tailor**  
25 W 43 St Lobby  
New York , NY 10036



Waist: \_\_\_\_\_

Thigh: \_\_\_\_\_

Knee: \_\_\_\_\_

Inseam: \_\_\_\_\_

Leg Opening: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PRINT THIS FORM AND SEND IT ALONG WITH YOUR JEANS

**DENIM  
SURGEON**