

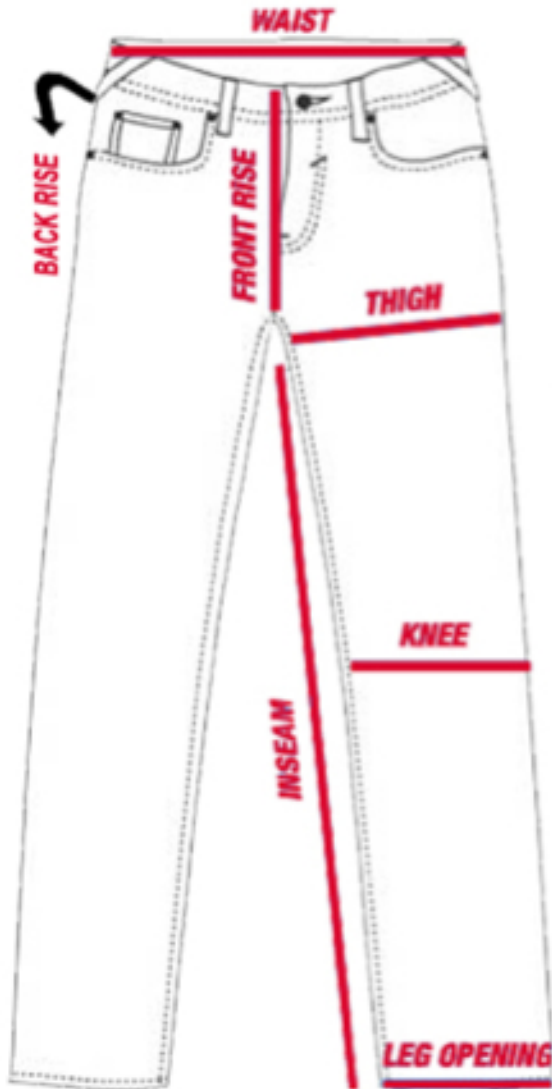
# Alteration Form

Only fill in measurements that apply to your alteration needs.

SEND JEANS TO EITHER ONE OF OUR LOCATIONS

**DENIM SURGEON**  
29 Monmouth St  
Red Bank NJ 07701

**DENIM SURGEON**  
150 W 36th St 3rd Floor  
New York NY 10018



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

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

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

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

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

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

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

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

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

PRINT THIS FORM AND SEND IT ALONG WITH YOUR JEANS

**DENIM  
SURGEON**