

72 HOUR
Turnaround*

AVAILABLE ON DRUG TARIFF FP10

ORDER FORM

Circular Knit Made to Measure Stockings



**MADE TO
MEASURE**

STEP 1

Name of Pharmacy: _____
 Address: _____

 _____ Post Code: _____
 Telephone Number: _____
 Wholesaler Name: _____
 Wholesaler Account No: _____
 Buying Group Name: _____
 Patient's Name: _____
 Patient's Reference Number (if known in the case of previous order): _____

STEP 2

Please complete **ALL** sections and tick the appropriate box:

Section One: Compression:

Class I (14-17 mmHg)
 Class II (18-24 mmHg)
 Class III (25-35 mmHg)

Section Two: Shade: Soft Beige
 Black

Section Three: Foot: Closed Toe
 Open Toe

STEP 3

Write quantity in **SINGLES** for each leg.

Must be completed with numbers or zero in each box:

Left Leg Right Leg

STEP 4

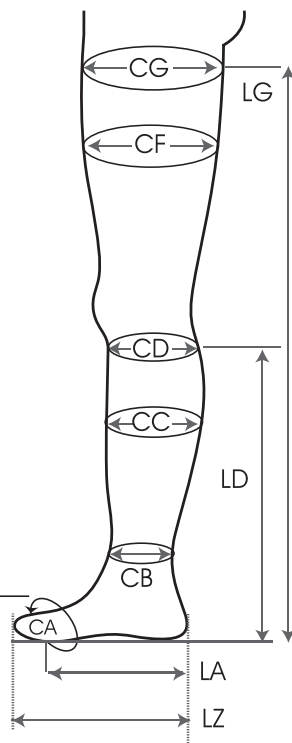
All measurements should be taken on the bare leg with the patient standing and after the leg has been rested and swelling is at a minimum i.e. early morning.

Give exact measurements in **CENTIMETRES** making sure that the tape is not pulled tight around the leg.

It is perfectly normal to find that the measurements vary between left and right limbs.

Circumference of foot measured at base of little toe.

L = Length
C = Circumference



Please fill in all the appropriate measurements in CENTIMETRES	Thigh		Below Knee	
	Left	Right	Left	Right
CG (thigh)			X	X
CF (mid thigh)			X	X
CD (below knee)				
CC (calf)				
CB (ankle)				
CA (Circumference of foot measured at base of little toe)				
LG (thigh length)			X	X
LD (below knee)	X	X		
LA (open toe only)				
LZ (closed toe only)				

DN5

COMMENTS:

OPTIONAL

For Hold ups please tick the appropriate box*

Hold up plain **Hold up lace**

* Available in thigh length only

AltiMed Ltd cannot be held responsible for incorrect measurements.

Fax your order to AltiMed on 01509 501 721

If you need another form please download one from www.altimed.co.uk or telephone 01509 501720

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