



## Venous Ulcer Compression System AVAILABLE ON DRUG TARIFF FP10/GP10

It is essential that all sections are completed fully; otherwise your order cannot be processed

PHARMACY/HOSPITAL TO COMPLETE			
Order Date: Order No:  Name and Address of Pharmacy/Hospital:		Invoice to:  Hospital/Clinic Buying Group  Wholesaler Pharmacy Chain  Name of Wholesaler/Buying Group/Pharmacy Chain:  Acc. No	
Postcode: Telephone No:		Patient's Name: Patient's Previous Reference No. (if known):	
Measurements completed by: Name: Healthcentre: Contact Tel No:		Postcoo	
Kits: Kits contain 2x White liners (10mmHg each) and in either Black or Soft Beige  Quantity (kits)  Left Leg: Right Leg: Soft Beige Black Soft Beige Black Soft Beige Black AltiMed cannot be held responsible for incorrect measurements	person seated, and	Liner pack  Quanti  Left Leg:	Packs: ks contain 2x White liners (10mmHg each)  ity (packs)  Right Leg:
COMMENTS:	Below	Knee	
	Please fill in all the appropriate measurements in CENTIMETRES	Left Right	
NOE	CD (under knee)		€CD→
FEREI	CC (calf)		€CC→
OIRCUMFERENC	CB (ankle)  CA (Measured at base of little toe)		
	LD (below knee)		CB
LENGTH	LA (Base of toes to heel)		CA
	LZ (toe to heel)		LA LZ

References: 1 NICE Clinical Knowledge Summaries

\*AltiMed Ltd will despatch orders within 72 hours of receipt, subject to forces beyond its control

## Fax your order to 01509 501 721 or email to enquiries@altimed.co.uk

For additional forms visit www.altimed.co.uk, email enquiries@altimed.co.uk or phone 01509 501720



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