

British Standard AVAILABLE ON DRUG TARIFF FP10/GP10

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

| | | | PHARM | ACY/HOSF | PITAL TO | COMF | PLETE | | |
|---|--|------------|------------|---------------|---|---------------------|--|-------------------|-------|
| 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: | | | | | | | | | |
| Measurements completed by: Name: Position: Healthcentre: Postcode: Contact Tel No: | | | | | _ | | | | |
| Belo Thio Fo | yle ow Knee gh Length Standard ot: Closed toe | Thigh Lo | ength Hold | Ups - Plain | | Quar Left Leg Beige | | ight Leg: eige | Black |
| | vacuramente chauld ha | talcan wit | th the nor | con contad a | ad foot flat | on | | | |
| the | easurements should be a floor. If the person has st thing in the morning 1. COMMENTS: | a swolle | | | | | Thigh Lo Please fill in all the appropriate measurements in CENTIMETRES | ength Left | Right |
| the firs | e floor. If the person has at thing in the morning 1. COMMENTS: | s a swolle | n leg, me | easurements s | hould be to | aken | Please fill in all the appropriate measurements in CENTIMETRES | | Right |
| the firs | e floor. If the person has st thing in the morning ¹ . COMMENTS: | s a swolle | n leg, me | easurements s | hould be to | aken | Please fill in all the appropriate measurements in CENTIMETRES CG (thigh) CD (under knee) | | Right |
| the firs | e floor. If the person has st thing in the morning¹. COMMENTS: Med cannot be held responsible for inco Below Median Please fill in all the appropriate measurements in | s a swolle | en leg, me | easurements s | hould be to | aken | Please fill in all the appropriate measurements in CENTIMETRES CG (thigh) CD (under knee) | | Right |
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| the firs | e floor. If the person has st thing in the morning¹. COMMENTS: Below Market Please fill in all the appropriate measurements in CENTIMETRES CD (under knee) CC (calf) CB (ankle) | s a swolle | en leg, me | easurements s | hould be ta | aken | Please fill in all the appropriate measurements in CENTIMETRES CG (thigh) CD (under knee) CC (calf) CB (ankle) | | Right |
| the firs | e floor. If the person has st thing in the morning of thing in the morning of things. COMMENTS: Below Free Please fill in all the appropriate measurements in CENTIMETRES CD (under knee) CC (calf) | s a swolle | en leg, me | easurements s | hould be to | aken CIRCUMFERENCE | Please fill in all the appropriate measurements in CENTIMETRES CG (thigh) CD (under knee) CC (calf) CB (ankle) CA (Measured at base of little toe) LT (waist to floor) | | Right |
| CIRCUMFERENCE | e floor. If the person has st thing in the morning¹. COMMENTS: Below Market Please fill in all the appropriate measurements in CENTIMETRES CD (under knee) CC (calf) CB (ankle) | s a swolle | en leg, me | easurements s | hould be to | aken CIRCUMFERENCE | Please fill in all the appropriate measurements in CENTIMETRES CG (thigh) CD (under knee) CC (calf) CB (ankle) CA (Measured at base of little toe) LT (waist to floor) | | Right |
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References: 1 NICE Clinical Knowledge Summaries

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

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