



**British Standard 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: \_\_\_\_\_ Invoice to: Wholesaler  Buying Group   
 Name and Address of Pharmacy/Hospital: \_\_\_\_\_ Name of Wholesaler/Buying Group: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Account Number: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_

**Compression**

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

**Style**

- Below Knee   
 Thigh Length   
**Foot:** Closed toe  Open toe (Soft Beige only)

**Quantity (Pairs)**

- Soft Beige   
 Black (Class I & II Closed Toe only)

**Measuring Guide**

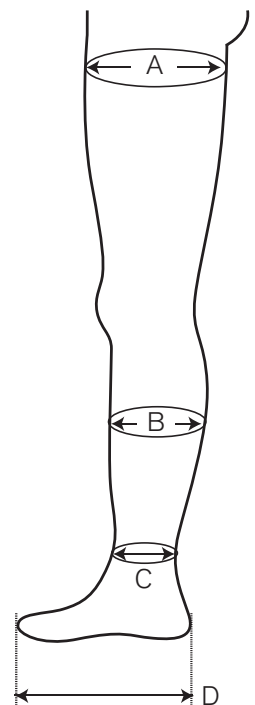
cm.	Small	Medium	Large	X Large
A*	41 - 54	44 - 58	47 - 61	50 - 64
B	32 - 38	34 - 40.5	36 - 43.5	38 - 47
C	19 - 25.5	21 - 27.5	23 - 29.5	25 - 32
D**	20 - 26	22 - 28	24 - 31	26 - 33
Size Required (please tick)				

\* Mid thigh (A) measurement is only required for thigh length stockings

\*\* Foot (D) measurement is only required for closed toe stockings

Measurements should be taken with the person seated, and feet flat on the floor. If the person has a swollen leg, measurements should be taken first thing in the morning.<sup>1</sup>

For thigh length take the measurement while the person is standing.



ALT 11/13

References: <sup>1</sup> NICE Clinical Knowledge Summaries

**Fax your order to 01509 501721 or email to enquiries@altimed.co.uk**

For additional forms visit [www.altimed.co.uk](http://www.altimed.co.uk), email [enquiries@altimed.co.uk](mailto:enquiries@altimed.co.uk) or phone 01509 501720

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