

**72 HOUR  
DESPATCH\***

**European Class 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:  Hospital/Clinic  Buying Group  
 Wholesaler  Pharmacy Chain  
 Name and Address of Pharmacy/Hospital: \_\_\_\_\_ Name of Wholesaler/Buying Group/Pharmacy Chain: \_\_\_\_\_  
 \_\_\_\_\_ Acc. No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Patient's Previous Reference No. (if known): \_\_\_\_\_

**Measurements completed by:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Healthcentre: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Contact Tel No: \_\_\_\_\_

**Compression**

Low compression (14-18mmHg)   
 Class 1 (18-21mmHg)   
 Class 2 (23-32mmHg)   
 Class 3 (34-46mmHg)

**Style**

Below Knee  Thigh Length Hold Ups - Plain  Thigh (with waist attachment)   
 Thigh Length Standard  Thigh Length Hold Ups - Lace  Tights   
**Foot:** Closed toe  Open toe

**Quantity**

Below knee / thigh length (singles) | Tights (pairs)  
 Left Leg: \_\_\_\_\_ Right Leg: \_\_\_\_\_  
 Beige  Black  Beige  Black  Beige  Black

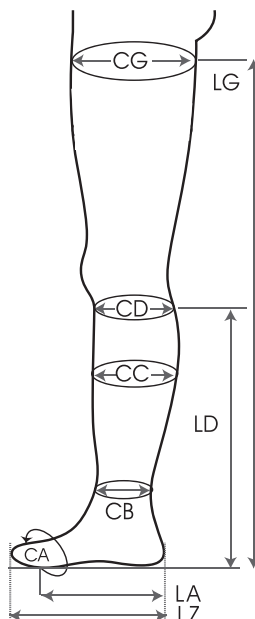
Measurements should be taken on the bare leg while standing, after the leg has been rested or swelling is at a minimum.

COMMENTS:

AltiMed cannot be held responsible for incorrect measurements

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

Below Knee		
Please fill in all the appropriate measurements in CENTIMETRES	Left	Right
<b>CIRCUMFERENCE</b> CD (under knee)		
CC (calf)		
CB (ankle)		
CA (Measured at base of little toe)		
<b>LENGTH</b> LD (below knee)		
LA (open toe only)		
LZ (closed toe only)		



**Thigh Length/Tights**

Please fill in all the appropriate measurements in CENTIMETRES	Left	Right
	CT (waist)	
CH (hips)		
Tights only		
CG (thigh)		
CD (under knee)		
CC (calf)		
CB (ankle)		
CA (Measured at base of little toe)		
<b>CIRCUMFERENCE</b> LT (waist to floor)		
LG (leg length)		
LA (open toe only)		
LZ (closed toe only)		

ALT 08/12

**Fax your order to 01509 501 721 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

AltiMed Ltd, an Urgo Medical company. Sullington Road, Shepshed, Loughborough LE12 9JG