

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

SECTION 1 PHARMACY/HOSPITAL TO COMPLETE (BLOCK CAPITALS PLEASE)

Order Date: / /

Order No:

Name and Address of Pharmacy/Hospital:

Contact Tel:

Invoice to: Hospital/Clinic Wholesaler
(please tick) Buying Group Pharmacy Chain

Name of Wholesaler/Buying Group/Pharmacy Chain:

Acc. No.

Patient's Name:

Post Code:..... Patient's Previous Reference No. (if known):

SECTION 2a

Kits: Kits contain 2x White Liners (10mmHg each) and 1x outer stocking (30mmHg) in either Black or Soft Beige.

Please ensure all measurements are taken including LA and LZ

Quantity (kits – complete with numbers)

Left Leg: Soft Beige Black Right Leg: Soft Beige Black

SECTION 2b

Liner Packs:

Liner packs contain 2x White liners (10mmHg each)

Only available in white and closed toe

Please ensure the LZ measurement is taken

Quantity (packs – complete with numbers)

Left Leg Right Leg

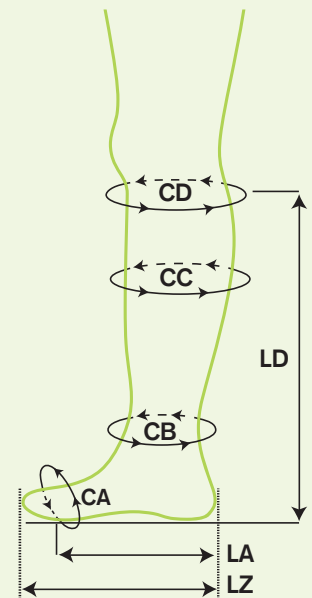
SECTION 3

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 morning¹.

Urgo Medical cannot be held responsible for incorrect measurements

COMMENTS:

Below Knee			
Please fill in all the appropriate measurements in CENTIMETRES		Left	Right
CIRCUMFERENCE	CD (under knee)		
	CC (calf)		
	CB (ankle)		
	CA (measure at base of little toe)		
LENGTH	LD (below knee)		
	LA (base of toes to heel)		
	LZ (toe to heel)		



References: ¹ NICE Clinical Knowledge Summaries.

* Manufactured and despatched within 72 hours of receipt of the order. Notwithstanding forces beyond our control.



Orders can be completed online at www.altimed.co.uk, sent by email to enquiries@altimed.co.uk or sent by fax to 01509 501 721