

**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 (12-16mmHg)
 Class 1 (18-21mmHg)
 Class 2 (23-32mmHg)

Style
 Axilla – Wrist Axilla – Mitten
Optional Additions:
 With Elbow Pouch With Top Band – Lace With Top Band – Plain

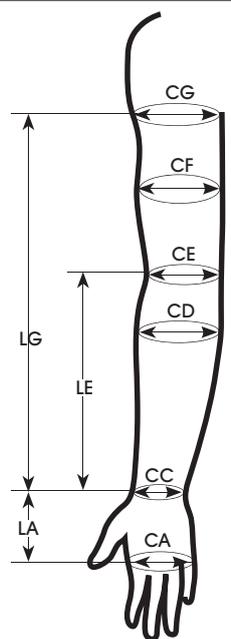
Quantity (singles)
 Left Arm: _____ Right Arm: _____
 Beige Black Beige Black

Measurements should be taken after the arm has been rested or swelling is at a minimum.

COMMENTS:

Altimed cannot be held responsible for incorrect measurements

Axilla Wrist		
Please fill in all the appropriate measurements in CENTIMETRES	Left	Right
CIRCUMFERENCE CG (axilla)		
CF (bicep)		
CE (elbow)		
CD (forearm)		
CC (wrist)		
LENGTH LG (axilla to wrist)		
LE (elbow to wrist)		



Axilla Mitten		
Please fill in all the appropriate measurements in CENTIMETRES	Left	Right
CIRCUMFERENCE CG (axilla)		
CF (bicep)		
CE (elbow)		
CD (forearm)		
CC (wrist)		
CA (palm)		
LENGTH LG (axilla to wrist)		
LE (elbow to wrist)		
LA (wrist to base of index finger)		

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

UMA 10/12

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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