

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: Name and Address of Pharmacy/Hospital:					
Postcode: Telephone No:					
CompressionClass I (14-17mmHg)Class II (18-24mmHg)Class III (25-35mmHg)		Style Below Knee Foot: Closed toe Open toe 		e (Soft Beige only) 🗌	Quantity (Pairs) Soft Beige Black (Class I & Il Closed Toe only)
Measuring					
cm.	Small	Medium		X Large	
A* B	41 - 54 32 - 38	44 - 58 34 - 40.5	47 - 61 36 - 43.5	50 - 64 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 (<i>please tick</i>)					€ B→
** Foot (D) meas Measurements person has a sy	surement is on should be tal wollen leg, me		osed toe stockir son seated, ar ould be taken	ngs nd feet flat on the first thing in the	

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

For additional forms visit www.altimed.co.uk, email enquiries@altimed.co.uk or phone 01509 501720 AltiMed Ltd, an Urgo Medical company. Sullington Road, Shepshed, Loughborough LE12 9JG

