

MADE TO MEASURE ORDER FORM

• **Complete this side for the TRADITIONAL Credalast MTM stockings** •

It is essential that parts I, II and III are fully completed, otherwise your order cannot be processed.

Part I

Name of Pharmacy:

Account Number: (if known)

Branch Number: (if applicable)

Address:

Post Code:

Pharmacy Telephone Number:

Pharmacy Contact:

Patient's Name:

Patient's Reference No.: (if known)

Part II

Please complete **ALL** sections and tick the appropriate box: (state quantity in section 3)

Section One: Compression:

Class II Flatbed Cotton

Section Two:

Style: Thigh Length

Start measurements at G

Below Knee

Start measurements at D

Section Three:

Quantity: Left Leg

No. required Right Leg

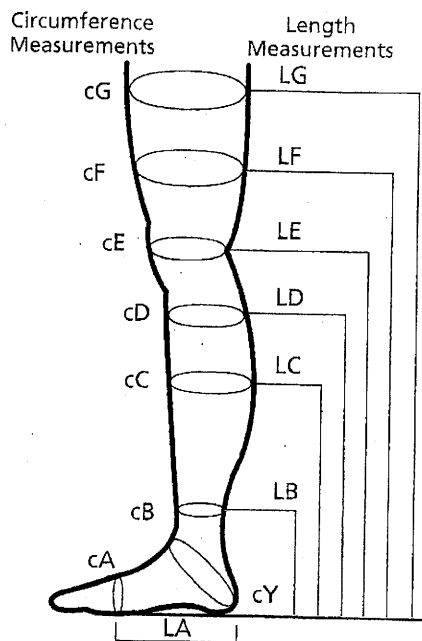
Remember to complete **ALL** circumference and length measurements shown for the style required.

All measurements should be taken on the bare leg with the patient standing and after the leg has been rested and swelling is at a minimum.

Give exact measurements in **centimetres** making sure that the tape is not pulled tight around the leg.

It is perfectly normal to find that the measurements vary between left and right limbs.

Please use this space to provide us with any additional information (eg unusual measurements):



Part III

c = Circumference (cm)	Left	Right
cG (Thigh)		
cF (Mid Thigh)		
cE (Knee)		
cD (Below Knee)		
cC (Calf)		
cB (Ankle)		
cY (Around Heel)		
cA (Around base of little toe)		

L = Length (cm)	Left	Right
LG (Thigh Length)		
LE		
LA		
LD (Below Knee)		
LA -		
LF-LD (Kneecap)		
LB + (Foot for Anklet)		

Please Fax or Post this order to:

Credenhill Limited, 10 Cossall Industrial Estate, Ilkeston, Derbyshire, DE7 5UG.

FREE FAX 0800 0285206 TELEPHONE HELP LINE 0115 932 0144



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