

Available on FP10/GP10 - PLEASE COMPLETE ALL SECTIONS
TO BE COMPLETED BY THE HEALTHCARE PROFESSIONAL AND GIVEN TO YOUR PRESCRIBER

1 Order No.

Patient Name

Altiven Registration No. (Repeat Orders)
.....

DELIVER TO PHARMACY/HOSPITAL:

Name

Address

..... Postcode

Telephone No.

MEASUREMENTS COMPLETED BY:

Health Centre

Contact No.

2 INVOICE TO:

Hospital/Clinic

Buying Group

Wholesaler

Pharmacy
Chain

Name of buying group
.....

Account No.
.....

3 COMPRESSION CLASS:

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

STYLE:

Axilla - Wrist Axilla - Mitten

OPTIONAL ADDITIONS:

with Elbow Pouch with Top Band: Lace Plain

4 QUANTITY (SINGLES):

Left Arm

Right Arm

COLOUR:

Beige Black

5 MEASUREMENTS:

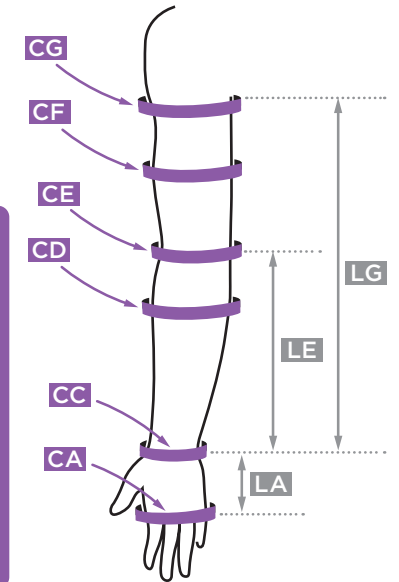
Please fill in all the appropriate
measurements in centimetres

CIRCUMFERENCE MEASUREMENTS Left Arm Right Arm

CG (axilla)		
CF (bicep)		
CE (elbow)		
CD (forearm)		
CC (wrist)		
CA (palm)		

LENGTH MEASUREMENTS Left Arm Right Arm

LG (axilla to wrist)		
LE (elbow to wrist)		
LA (wrist to base of index finger)		



MEASUREMENT TIPS:

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

COMMENTS:

.....

72 hours
despatch

SEND US YOUR FORM:

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