

VENOFLEX^{Micro}



Prescription Request Form

Your Patient should present this request to their GP

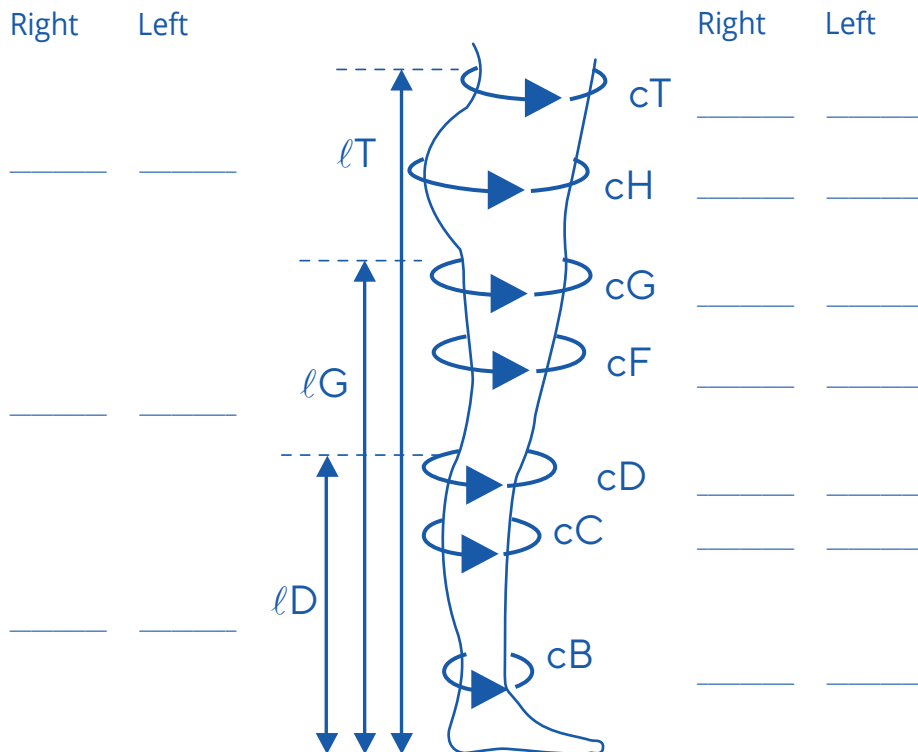
Clinic Name:
Patient Name:
Measured By:
Date:
Contact Number:

RAL Class	Colour	Style	Top Band	Length	Toe	Qty	PIP*
<input type="radio"/> Class 1 18-21mm Hg	<input type="radio"/> Caramel	<input type="radio"/> Below Knee	<input type="radio"/> Anti-slip Dots	<input type="radio"/> Short	<input type="radio"/> Open Toe		
	<input type="radio"/> Light	<input type="radio"/> Thigh High		<input type="radio"/> Normal	<input type="radio"/> Closed Toe		
<input type="radio"/> Class 2 23-32mm Hg	<input type="radio"/> Black	<input type="radio"/> Tights	<input type="radio"/> Lace	<input type="radio"/> Long			

Size					
<input type="radio"/> I	<input type="radio"/> II	<input type="radio"/> III	<input type="radio"/> IV	<input type="radio"/> V	<input type="radio"/> V

*To find your chosen garment's PIP Code visit www.thuasne.co.uk/product/venoflex-micro
The PIP Code will pop up below the retail price.
Prescriptions will be reimbursed at the current Drug Tariff rate.

Your patients can also use this website to purchase their own extra pairs should they wish.



To the GP:

Please prescribe the above garment to your patient. If you have any queries, please contact the clinician or Thuasne customer services, details below.

Size guide

Size Measurement	I	II	III	IV	V	VI
c T	59-70	66-80	76-85	82-90	88-95	92-105
c H	85-105	90-110	95-115	100-120	105-125	110-130
c G w. sb+	49-57	53-62	57-67	61-72	65-77	69-81
c G w. sb	43-48	45-52	49-56	53-60	56-64	60-68
c G	43-57	45-62	49-67	53-72	56-77	60-81
c F	39-52	41-56	44-60	47-65	50-69	53-73
c D	27-33	29-36	32-39	34-42	36-45	38-48
c C	28-34	30-37	33-40	35-43	37-46	39-49
c B	18-20	20-22	22-24	24-26	26-28	28-30

Lengths	AD	AG	AT
Short	34-39	60-69	
Normal		70-80	65-75
Long	39-45	81-90	75-85

Circumference in cm