

Hospital/Clinic

Measured By

Patient Name

Email/Telephone

Attention Pharmacist: Please attach this form to a prescription for Haddenham Veni MTO. Prescribe selected base code from **1** e.g. **SC-10** and then complete the remainder of the form. If non-default options are prescribed, ensure they are ALL endorsed on the FP10/GP10 e.g. **SC-EW**

1 Style



BELOW KNEE

THIGH HIGH

THIGH HIGH + WAISTBAND

TIGHTS

PAIR + GRIP TOPS

PAIR + GRIP TOPS

LEFT LEG PAIR RIGHT LEG

LEFT LEG SINGLE RIGHT LEG

CCL1

SC-10

SC-12

SC-11

SC-13

SC-15

SC-14

SC-16

SC-19

SC-17

SC-18

CCL2

SC-20

SC-22

SC-21

SC-23

SC-25

SC-24

SC-26

SC-29

SC-27

SC-28

2 Size & Width

1

2

3

4

5

6

7

8

EXTRA WIDE

Circumferences (cm)

SC-EW

t WAIST	65-75	70-80	75-85	80-90	85-95	90-105	95-110	100-120
j BUTTOCKS	85-105	90-110	95-115	100-120	105-125	110-130	115-135	120-140
g THIGH TOP	46-55 43-48	48-59 45-51	52-63 49-55	56-66 53-59	60-69 57-63	64-72 61-66	67-75 64-69	70-78 67-72
c WIDEST CALF	31-35 29-33	33-37 31-35	35-39 33-37	37-42 35-39	39-45 37-42	41-47 39-45	43-52 41-48	45-56 43-51
b ANKLE	18-20	20-22	22-24	24-26	26-28	28-30	30-32	32-34

Extra Wide circumferences shown in green above standard measures

3 Leg length

SHORT LEG

REGULAR LEG

LONG LEG

Straight lengths (cm)

SC-SL

Default

VSC-LL

A-g THIGH HIGH

60-67

68-75

76-82

A-d BELOW KNEE

33-37

38-42

43-46

4 Foot length

SHORT FOOT

REGULAR FOOT

LONG FOOT

Straight lengths (cm)

SC-SF

Default

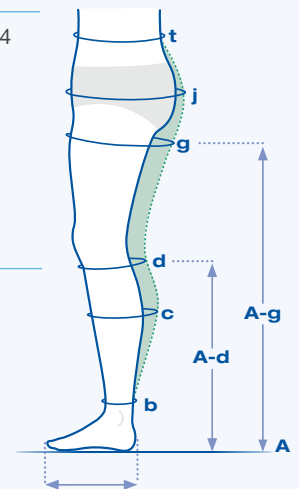
SC-LF

HEEL TO END OF LONGEST TOE

21-23cm

23-26cm

26-29cm



5 Toe



CLOSED TOE



OPEN TOE

SC-OT

Default



3CM PLAIN

SC-G1

Below Knee Default



5CM PLAIN

SC-G2

Thigh High Default



5CM STRONG LACE

SC-G3



5CM FINE LACE

SC-G4

i If ordering a Default grip top, there is no need to endorse separately.

7 Colour

hadhealth.com/hosiery



APRICOT

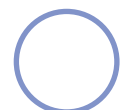
Default



BLACK

SC-NSC

8 Quantity



i The dispenser will need this form to place the order with the manufacturer. This order form should be given to the patient with the prescription to take/send to their chosen dispenser. Please scan this document into the patient's records.

Special Options

FLY FOR MEN

SC-FY

MALE GUSSET

SC-NG

NO GUSSET

OPEN FRONT

SC-OF

LOOSE FIT

SC-RF

PANTY COMPRESSION

HALF SC-HC

FULL SC-FC

FOOTLESS

SC-NF