

UK

Name:		
Address:		
Post Code:		
Date of Birth:		
Please tick the appr	opriate boxes below (all 9 sections to be completed):
1. VenoTrain:	Micro	Soft
2. Style:	AD (Below Knee). Micro or Soft	AG (Thigh with silicone border). Micro or Soft
	AT (Tights). Micro only	LEFT: HB (Thigh with waist attachment). Soft only RIGHT: HB (Thigh with waist attachment). Soft only
3. Compression Class:	Ccl 1	Ccl 2
4. Toe:	Closed	Open
5. Size:	Small	Medium
	Large	X-Large
6. Calf Size:	Normal	Plus
7. Length:	Short	Long
8. Colour:	Caramel (Micro)	Black (Micro) Natural (Soft)
9. Quantity:	Pairs	Signature:
Pip Code/Product Code		



Dear Patient

You have been supplied with VenoTrain stockings which are available on a GP prescription.

Your VenoTrain stockings should be replaced every 6 months unless advised otherwise.

When you require a new pair of VenoTrain stockings, you should request a prescription for them from your own GP. Please take this leaflet with you as the stocking details are shown on the reverse side of this leaflet.

Stamp