

## Dressing Prescription Request Form (2)- October 2019

**This form is to be completed to request prescriptions for bandage, skin care or sundries**

G.P. surgery -name and address.....

Patient Name..... DOB.....NHS No.....

Address.....

Nurse/AHP Name..... Signature ..... Date.....

Contact telephone number

	Product	Size (please circle)					Quantity
<b>Adhesive tapes</b>	<b>Mefix</b>	2.5cm x 10m	5cm x 10m	10cm x 10cm			
	<b>Clinipore</b>	1.25c x 5m	2.5cm x 5m	5cm x 5m			
<b>Toe Bandaging</b>	<b>Mollelast</b>	4cm x 4m					
	<b>Acti-wrap</b>	6cm x 4m	8cm x 4m	10cm x 4m			
<b>Retention bandages</b>	<b>K-Band</b> light weight conforming	5 cm x 4m	7 cm x 4m	10 cm x 4m			
	<b>K Lite</b>	5cm x 4.5cm	7cm x 4.5m	10cm x 4.5m			
<b>Sub bandage Padding</b>	<b>Flexiban</b> (use with Actico)	10cm x 3.5m					
	<b>Profore#1</b>	10cm x 3.5m					
<b>Tubular Bandages</b>	<b>Comfifast</b> tubular		Large limb 7.5cm (blue line)	Trunk child 10.75cm (yellow line)			
			1m, 3m, 5m	1m, 3m, 5m			
	<b>Comfigrip</b> Elasticated tubular	Size C 6.75cm	Size D 7.5cm	Size E 8.75 cm	Size F 10cm	Size G 12cm	
		1m	1m	1m	1m	1m	
<b>Compression Bandages</b>	<b>Actico</b>	4cm x 6m	6cm x 6m	10cm x 6m	12cm x 6m		
	<b>Coban 2 layer 1</b>	5cm x 1.2m	10cm x 3.5cm	15cm x 3.5m			
	<b>Coban 2 layer 2</b>	5cm x 2.7m	10cm x 4.5m	15cm x 4.5m			
	<b>Coban 2 lite Layer 1</b>	7.5cm x 2.7cm	10cm x 2.7m	15cm x 2.7m			
	<b>Coban 2 lite Layer 2</b>	2.5cm x 3.5m	7.5 x 3.5m	10cm x 3.5m	15cm x 3.5m		

PATIENT NAME		Date of birth							
	Product	Size (please circle NHS)							Quantity
	<b>Coban 2 Compression Kit</b>	One size							
	<b>Coban 2 Lite Compression kit</b>	One size							
<b>Compression hosiery applicator</b>	<b>Acti-glide</b>	One size							
<b>Aderma pads</b>	<b>Sacrum/ ankle wrap</b>	Heel standard	Heel Extra large	10x10x 0.3cm sheet	10x10x 1.2cm sheet	20x20x0.3cm sheet	50x2.5x 0.3cm strip	30x5x 0.3cm strip	
<b>Waterproof dressing protection</b>	<b>Limbo</b>	Slim leg	Average build leg	Large leg	Slim short leg	Large short leg			
	<b>Seal tight</b>	Adult foot/ ankle	Adult short leg	Mid arm small	Mid arm medium	Mid arm large			
<b>Footwear</b>	<b>Kerraped</b>	small	medium	large	Extra large				
<b>Skin protection</b>	<b>Cavilon Durable barrier cream</b>	2g sachet	92g tube						
	<b>Cavilon no sting barrier film</b>	28ml spray	1ml foam applicator						
	<b>Proshield Plus skin protectant</b>	115 grams							
	<b>Proshield Foam &amp; spray cleanser</b>	235ml							
<b>Wound cleansing</b>	<b>Irripod</b>	20ml							
<b>Compression hosiery/ wraps/ liners</b>	<b>Supply make &amp; size after assessment</b>								

Please complete the table below if requesting a non- formulary product

non formulary product	Reason for request of non formulary product	Size	Quantity	Has this information been recorded in patient's notes?