

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. **VE-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. **VE-EW**

1 Style



BELOW KNEE

PAIR + GRIP TOPS

THIGH HIGH

PAIR + GRIP TOPS

THIGH HIGH + WAISTBAND

LEFT LEG PAIR RIGHT LEG

TIGHTS

LEFT LEG SINGLE RIGHT LEG

CCL1

VE-10 VE-12 VE-11 VE-13 VE-15 VE-14 VE-16 VE-19 VE-17 VE-18

CCL2

VE-20 VE-22 VE-21 VE-23 VE-25 VE-24 VE-26 VE-29 VE-27 VE-29

CCL3

VE-30 VE-32 VE-31 VE-33 VE-35 VE-34 VE-36 VE-39 VE-37 VE-39

2 Size & Width

1

2

3

4

5

6

7

8

EXTRA WIDE

Circumferences (cm)

g THIGH TOP

46-55 48-59 52-63 56-66 60-69 64-72 67-75 70-78
43-48 45-51 49-55 53-59 57-63 61-66 64-69 67-72

c WIDEST CALF

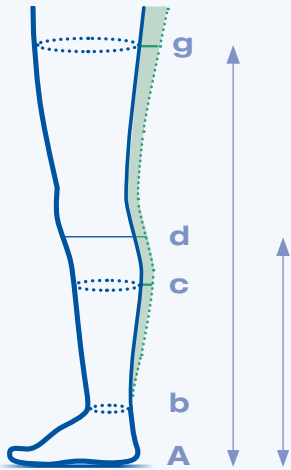
31-35 33-37 35-39 37-42 39-45 41-47 43-52 45-56
29-33 31-35 33-37 35-39 37-42 39-45 41-48 43-51

b ANKLE

18-20 20-22 22-24 24-26 26-28 28-30 30-32 32-34

VE-EW

Extra Wide circumferences shown in green above standard measures



3 Leg length

SHORT LEG

REGULAR LEG

LONG LEG

Straight lengths (cm)

VE-SL

Default

VE-LL

Inside Leg TIGHTS

65-75

76-85

≥86

A-g THIGH HIGH

57-67

68-80

≥81

A-d BELOW KNEE

33-37

38-43

≥44

4 Foot length

SHORT FOOT

REGULAR FOOT

LONG FOOT

VE-SF

Default

VE-LF

UK SHOE SIZE

< 5

5-9

≥10

5 Toe



CLOSED TOE

OPEN TOE

VE-OT

Default

6 Choose Grip Top

When ordering a style with Grip Top



3CM STRONG PLAIN

5CM STRONG PLAIN

5CM STRONG LACE

5CM FINE LACE

VE-G1

VE-G2

VE-G3

VE-G4

Below Knee Default

Thigh High Default

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

7 Colour

hadhealth.com/hosiery



APRICOT

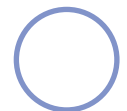
Default

e.g. Caramel

OTHER

VE-NSC

8 Quantity



ⓘ 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

VE-FY

NO GUSSET

VE-NG

OPEN FRONT

VE-OF

LOOSE FIT

VE-RF

PANTY COMPRESSION

HALF

VE-HC

FULL

VE-FC

FOOTLESS

VE-NF

PATTERN

e.g. Zig-zag

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