

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-28

**CCL3**

VE-30 VE-32 VE-31 VE-33 VE-35 VE-34 VE-36 VE-39 VE-37 VE-38

**2 Size & Width**

- 1**
- 2**
- 3**
- 4**
- 5**
- 6**
- 7**
- 8**
- EXTRA WIDE**

Circumferences (cm)

<b>t</b> WAIST	65-75	70-80	75-85	80-90	85-95	90-105	95-110	100-120
<b>j</b> BUTTOCKS	85-105	90-110	95-115	100-120	105-125	110-130	115-135	120-140
<b>g</b> 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
<b>c</b> 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>b</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)

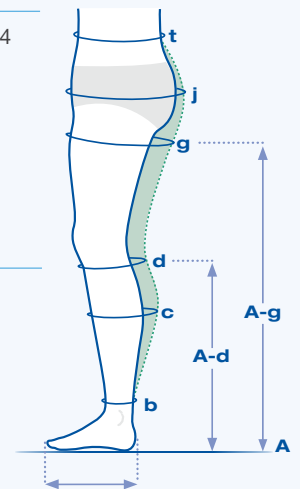
	VE-SL	Default	VE-LL
<b>A-g</b> THIGH HIGH	57-67	68-80	81-90
<b>A-d</b> BELOW KNEE	33-37	38-43	44-48

**4 Foot length**

- SHORT FOOT**
- REGULAR FOOT**
- LONG FOOT**

Straight lengths (cm)

	VE-SF	Default	VE-LF
<b>HEEL TO END OF LONGEST TOE</b>	21-23cm	23-26cm	26-29cm



**5 Toe**

**6 Choose Grip Top**

When ordering a style with Grip Top

**7 Colour**

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**8 Quantity**

**CLOSED TOE** **OPEN TOE**

VE-OT

Default

**3CM PLAIN** **5CM PLAIN** **5CM STRONG LACE** **5CM FINE LACE**

VE-G1 VE-G2 VE-G3 VE-G4

Below Knee Default Thigh High Default

**APRICOT** **OTHER**

VE-NSC

Default

e.g. Caramel



**ⓘ** 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.

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

**Special Options**

- FLY FOR MEN VE-FY
- MALE GUSSET VE-NG
- NO GUSSET VE-OF
- OPEN FRONT VE-OF
- LOOSE FIT VE-RF
- PANTY COMPRESSION HALF VE-HC
- PANTY COMPRESSION FULL VE-FC
- FOOTLESS VE-NF

PATTERN

e.g. Zig-zag

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