

Hospital/Clinic	Pharmacy	
Patient Name		
Measured By	Town	Postcode
Email/Telephone	Email/Telephone	

Please complete and attach this form to a prescription for **Haddenham Star Cotton MTO**. Prescribe base code from 1 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 Select Style & Class

STAR Cotton										
	BELOW KNEE pair	BELOW KNEE + GRIP TOP pair	THIGH HIGH pair	THIGH HIGH + GRIP TOP pair	THIGH HIGH + WAISTBAND pair	THIGH LEFT + WAISTBAND single	THIGH RIGHT + WAISTBAND single	TIGHTS single	ONE LEGGED TIGHTS LEFT single	ONE LEGGED TIGHTS RIGHT single
CLASS 1	<input type="checkbox"/> SC-10	<input type="checkbox"/> SC-12	<input type="checkbox"/> SC-11	<input type="checkbox"/> SC-13	<input type="checkbox"/> SC-14	<input type="checkbox"/> SC-15	<input type="checkbox"/> SC-16	<input type="checkbox"/> SC-17	<input type="checkbox"/> SC-19	<input type="checkbox"/> SC-18
CLASS 2	<input type="checkbox"/> SC-20	<input type="checkbox"/> SC-22	<input type="checkbox"/> SC-21	<input type="checkbox"/> SC-23	<input type="checkbox"/> SC-24	<input type="checkbox"/> SC-25	<input type="checkbox"/> SC-26	<input type="checkbox"/> SC-27	<input type="checkbox"/> SC-29	<input type="checkbox"/> SC-28

2 Select Size

I	II	III	IV	V	VI	VII	VIII
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Select Width

STANDARD <input type="checkbox"/>	EXTRA WIDE <input type="checkbox"/>
Default	SC-EW

4 Select Leg Length

SHORT <input type="checkbox"/>	REGULAR <input type="checkbox"/>	LONG <input type="checkbox"/>
SC-SL	Default	SC-LL

5 Select Foot Length

SHORT <input type="checkbox"/>	REGULAR <input type="checkbox"/>	LONG <input type="checkbox"/>
SC-SF	Default	SC-LF

6 Choose Grip Top

If ordering a style with Grip Top

If ordering a Default grip top, there is no need to endorse it separately on the FP10/GP10

3cm STRONG PLAIN	5cm STRONG PLAIN	5cm STRONG LACE	5cm FINE LACE
<input type="checkbox"/> SC-G1 Below Knee Default	<input type="checkbox"/> SC-G2 Thigh High Default	<input type="checkbox"/> SC-G3	<input type="checkbox"/> SC-G4

7 Choose Toe

CLOSED TOE	OPEN TOE
<input type="checkbox"/> Default	<input type="checkbox"/> SC-OT

8 Choose Colour

BEIGE	BLACK
<input type="checkbox"/> Default	<input type="checkbox"/> SC-NSC

9 Quantity

Special Options *Optional*

FLY FOR MEN	NO GUSSET	OPEN FRONT	LOOSE FIT	PANTY SECTION COMPRESSION	FOOTLESS
<input type="checkbox"/> SC-FY	<input type="checkbox"/> SC-NG	<input type="checkbox"/> SC-OF	<input type="checkbox"/> SC-RF	HALF <input type="checkbox"/> SC-HC	FULL <input type="checkbox"/> SC-FC
					<input type="checkbox"/> SC-NF

Please note: 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.