

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

### 7 Choose Toe

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

### 8 Choose Colour

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

### 9 Quantity

### Special Options *Optional*

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