

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

Please complete and attach this form to a prescription for **Haddenham Doktus 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. 'DK-EW'.

### ① Select Style & Class

<b>Doktus</b>										
	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 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DK-20	DK-22	DK-21	DK-23	DK-24	DK-25	DK-26	DK-27	DK-29	DK-28
CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DK-30	DK-32	DK-31	DK-33	DK-34	DK-35	DK-36	DK-37	DK-39	DK-38

### 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	DK-EW

### ④ Select Leg Length

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

### ⑤ Select Foot Length

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

### ⑥ Choose Grip Top

Only available 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"/>
DK-G1	DK-G2	DK-G3	DK-G4
Below Knee Default	Thigh High Default		

### ⑦ Choose Toe

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

### ⑧ Choose Colour

BEIGE <input type="checkbox"/>	LIGHT BEIGE <input type="checkbox"/>	NAVY <input type="checkbox"/>	BLACK <input type="checkbox"/>
Default	DK-NSC	DK-NSC	DK-NSC

### ⑨ Quantity

Below Knee and Thigh High Garments = Pair (2 Units).  
Thigh High (Left/Right) + Waistband, and Tights = Single (1 Unit)

### 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"/>
DK-FY	DK-NG	DK-OF	DK-RF	HALF <input type="checkbox"/> FULL <input type="checkbox"/>	DK-NF
				DK-HC DK-FC	

**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.