

# Juxta toe cap & glove

## Patient Referral Form



Your patient should present this sheet to their GP to obtain product on Prescription.

From: .....

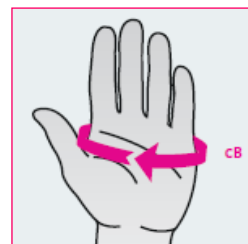
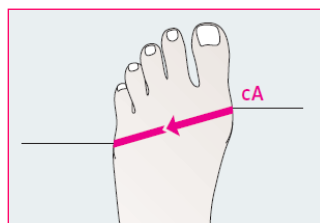
Patient's name: .....

Clinician : ..... Date: .....

Contact Tel.: .....



juxta toe cap	2	3	4	5	6
cA Foot (cms)	20-22	22-24	24-26	26-28	28-30
Order Code	DT772/2	DT772/3	DT772/4	DT772/5	DT772/6
PIP Code	409-8042	409-8026	409-8000	409-7994	409-7952
<b>Order Qty:</b>					



juxta glove	2	3	4	5	6
cB Palm (cms)	18-21	20-23	22-25	24-27	26-29
Order Code	DT770/2	DT770/3	DT770/4	DT770/5	DT770/6
PIP Code	409-7887	409-7903	409-7929	409-7937	409-7945
<b>Order Qty:</b>					