

# medi soft OA light knee brace

**Available on FP10 Prescription**

**medi**

## Patient Referral Form

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Consultant/FCP: \_\_\_\_\_

Directions: I request a prescription for the medi soft OA light knee brace for this patient  
(required product code shown overleaf)

Signature: \_\_\_\_\_

### Notes for prescribers:

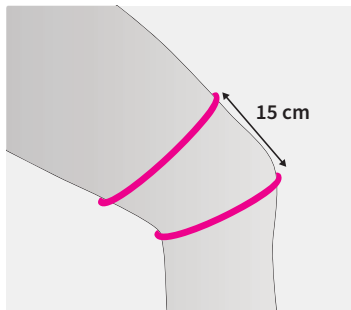
- Prescriptions fulfilled through normal pharmacy route or use the medi Prescription-by-Post service. Post prescription in the FREEPOST envelope and brace will be delivered to your clinic or direct to patient, whichever is requested
- For a Prescription-by-Post pack or an electronic patient referral form please email [OAbrace@mediuk.co.uk](mailto:OAbrace@mediuk.co.uk)

For fitting instructions,  
please scan the QR code:



## Actions required:

### 1. Take required leg measurement



#### Measurement guide

Measure the circumference of thigh **15 cm above the centre of the patella** (measured at the medial side of the thigh)



Measurement Chart	XS	S	M	L	XL	XXL
Circumference thigh (cm)**	31-37	37-45	45-51	51-57	57-65	65-74
Measurement:						

\*\* Please note, if measurements are between 2 sizes, we recommend you opt for the larger size.

### 2. Select correct box

- For medial OA always prescribe a varus version
- For lateral OA always prescribe a valgus version

Product Codes	XS	S	M	L	XL	XXL
<b>Right Varus and Left Valgus PIP Codes</b>	DT914/1 414-9712	DT914/2 414-9720	DT914/3 414-9738	DT914/4 414-9746	DT914/5 414-9753	DT914/6 414-9761
<b>Order Quantity:</b>						
<b>Left Varus and Right Valgus PIP Codes</b>	DT915/1 414-9654	DT915/2 414-9662	DT915/3 414-9670	DT915/4 414-9688	DT915/5 414-9696	DT915/6 414-9704
<b>Order Quantity:</b>						