

## A step forward in foot ulcer care

Patient Name..... DOB.....

Dear Doctor,

Could you please prescribe the following item to assist in the treatment of the above patient:

<p><b>Kerraped® Plantar Ulcer Small</b> Shoe Size 2 – 5½</p> <p><input type="checkbox"/> KPU Shoe System KPUC002 PIP Code 374-3192</p> <p><input type="checkbox"/> KPU Replacement Insole KPUI002 PIP Code 374-6070</p>	<p><b>Kerraped® Plantar Ulcer Large</b> Shoe Size 8 – 10</p> <p><input type="checkbox"/> KPU Shoe System KPUC004 PIP Code 374-3218</p> <p><input type="checkbox"/> KPU Replacement Insole KPUI004 PIP Code 374-6096</p>
<p><b>Kerraped® Plantar Ulcer Medium</b> Shoe Size 6 – 7½</p> <p><input type="checkbox"/> KPU Shoe System KPUC003 PIP Code 374-3200</p> <p><input type="checkbox"/> KPU Replacement Insole KPUI003 PIP Code 374-6088</p>	<p><b>Kerraped® Plantar Ulcer Extra Large</b> Shoe Size 10½ – 13</p> <p><input type="checkbox"/> KPU Shoe System KPUC005 PIP Code 374-3226</p> <p><input type="checkbox"/> KPU Replacement Insole KPUI005 PIP Code 374-6104</p>

Clinician .....

Tel No..... Date.....

For more specific product information and advice, call **01565 654 920** or visit [www.crawfordhealthcare.com](http://www.crawfordhealthcare.com)



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