

KERRAPED® THERAPEUTIC FOOTWEAR



PATIENT NAME _____ DOB _____

Dear Doctor,

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

Kerraped® Small - Shoe Size 2 – 5½
PIP code 329-4741, NHS Supply Chain code ELY 253

Kerraped® Large - Shoe Size 8 – 10
PIP code 329-4774, NHS Supply Chain code ELY 251

Kerraped® Medium - Shoe Size 6 – 7½
PIP code 329-4758, NHS Supply Chain code ELY 252

Kerraped® Extra Large - Shoe Size 10½ – 13
PIP code 329-4782, NHS Supply Chain code ELY 250

CLINICIAN _____

TEL NO _____ DATE _____



Kerraped®

For further information please contact: **01565 654 920**
or visit **www.kerraped.com**

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HEALTHCARE