

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



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