

Hernia Support Device Prescription Request

Date: _____

Guidance Notes and Prescription Request for GP

The CUI Fulcional support belt has been extensively requested by Stoma nurses and surgeons for their patients in the UK since its introduction and has been very well accepted by ostomates. It has proved very beneficial in both helping to prevent hernia enlargement and providing effective support for existing para stomal hernias. This is due to its unique features and manufacture from recently developed new square stretch materials.

The Drug Tariff Prescription code for this device is on the EMIS system. Alternatively it can be accessed by entering - **fulcional** - on your computer Drug Tariff system.

For optimum function and performance it is recommended that an ostomate has an allowance of 3 hernia support devices annually due to spoilage and general wear and tear. For further information please visit **www.cuiinternational.com** or phone CUI on **0800 279 2050**

Patient Details

Stoma Nurse/GP _____

Name _____ Name of Hospital/Surgery _____

Address _____

Address _____

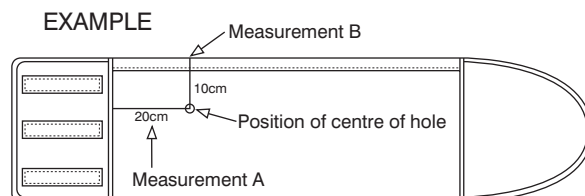
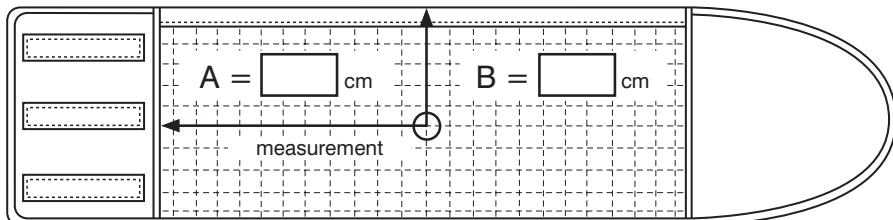
Postcode _____ Tel. _____

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20cm Depth	26cm Depth	Hole
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hole Bag/Flange Enclosed	Yes <input type="radio"/>	No <input type="radio"/>
Size-	XS <input type="radio"/>	S <input type="radio"/>
	M <input type="radio"/>	L <input type="radio"/>
	XL <input type="radio"/>	SP <input type="radio"/>
Colour-	<input type="radio"/> White Qty	<input type="radio"/> Black Qty
	<input type="radio"/> Skin Qty	
No. of Devices Requested _____	Product code _____	

SPECIAL INSTRUCTIONS

Use the example to insert the measurements **A** and **B** for the hole position.



White copy of request form, prescription and bag/flange (if applicable) should be sent to:

**Freepost, RSJR-JSYU-EYBR, CUI International Ltd.
31 St. John Street, Leicester LE1 3WL. UK**



by CUI