

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 EIV 253

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

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

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

CLINICIAN _____

TEL NO _____

DATE _____



Kerraped®

For further information please contact: **0800 1077 107**
or visit www.kerraped.com

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