

ActiLymph® Made To Measure Drug Tariff Codes



Your prescription must include:

- Step 1 Style/Class code of main garment
- Step 2 The codes for each optional extra required
- Step 3 The quantity of garments required
- Step 4 The colour

e.g. for 1 Sand below knee Ease stocking in class 3, with closed toes and T Heel ankle seam, the prescription must include 1x **AL-EASEC3-AD** together with optional extras 1x **ALO-CT** and 1x **ALO-SEAM**, Sand.

Please tick where applicable to indicate **Main Garment** choice and each **Optional Extra** included. Items listed below have Drug Tariff coding and associated prices. The Drug Tariff codes are required on prescriptions for **ActiLymph® MTM**.

Main Garments		Optional Extras									
Style	Class	Main Garment	Colours		Closed Toe	Oblique Toe	2 Ankle Pads <small>Indicate Medial or Lateral option/overleaf</small>	Silicone Topband <small>Indicate 3cm or 5cm option overleaf</small>	Slip Form	T Heel Ankle Seam	Full Compression Body Part
<input type="checkbox"/> ActiLymph® MTM Ease Below Knee A-D	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> AL-EASEC1-AD <input type="checkbox"/> AL-EASEC2-AD <input type="checkbox"/> AL-EASEC3-AD	<input type="checkbox"/> Sand <input type="checkbox"/> Black	<input type="checkbox"/> Black <input type="checkbox"/> Black* <input type="checkbox"/> Black	<input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT	<input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT	<input type="checkbox"/> ALO-BAND <input type="checkbox"/> ALO-BAND <input type="checkbox"/> ALO-BAND	<input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM	<input type="checkbox"/> ALO-FCBODY <input type="checkbox"/> ALO-FCBODY		
<input type="checkbox"/> ActiLymph® MTM Ease Thigh Length A-G	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> AL-EASEC1-AG <input type="checkbox"/> AL-EASEC2-AG <input type="checkbox"/> AL-EASEC3-AG	<input type="checkbox"/> Sand <input type="checkbox"/> Black	<input type="checkbox"/> Black <input type="checkbox"/> Black* <input type="checkbox"/> Black	<input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT	<input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT	<input type="checkbox"/> ALO-BAND <input type="checkbox"/> ALO-BAND <input type="checkbox"/> ALO-BAND	<input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM	<input type="checkbox"/> ALO-FCBODY <input type="checkbox"/> ALO-FCBODY		
<input type="checkbox"/> ActiLymph® MTM Ease Thigh Length with waist attachment A-GT	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> AL-EASEC1-AGT <input type="checkbox"/> AL-EASEC2-AGT <input type="checkbox"/> AL-EASEC3-AGT	<input type="checkbox"/> Sand <input type="checkbox"/> Black	<input type="checkbox"/> Black <input type="checkbox"/> Black* <input type="checkbox"/> Black	<input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT	<input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT	<input type="checkbox"/> ALO-BAND <input type="checkbox"/> ALO-BAND <input type="checkbox"/> ALO-BAND	<input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM	<input type="checkbox"/> ALO-FCBODY <input type="checkbox"/> ALO-FCBODY		
<input type="checkbox"/> ActiLymph® MTM Dura Below Knee A-D	<input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> AL-DURAC2-AD <input type="checkbox"/> AL-DURAC3-AD	<input type="checkbox"/> Sand <input type="checkbox"/> Black	<input type="checkbox"/> Black <input type="checkbox"/> Black* <input type="checkbox"/> Black	<input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT	<input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT	<input type="checkbox"/> ALO-PAD <input type="checkbox"/> ALO-PAD <input type="checkbox"/> ALO-PAD	<input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM	<input type="checkbox"/> ALO-FCBODY <input type="checkbox"/> ALO-FCBODY		
<input type="checkbox"/> ActiLymph® MTM Dura Thigh Length A-G	<input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> AL-DURAC2-AG <input type="checkbox"/> AL-DURAC3-AG	<input type="checkbox"/> Sand <input type="checkbox"/> Black	<input type="checkbox"/> Black <input type="checkbox"/> Black* <input type="checkbox"/> Black	<input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT	<input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT	<input type="checkbox"/> ALO-PAD <input type="checkbox"/> ALO-PAD <input type="checkbox"/> ALO-PAD	<input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM	<input type="checkbox"/> ALO-FCBODY <input type="checkbox"/> ALO-FCBODY		
<input type="checkbox"/> ActiLymph® MTM Dura Thigh Length with waist attachment A-GT	<input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> AL-DURAC2-AGT <input type="checkbox"/> AL-DURAC3-AGT	<input type="checkbox"/> Sand <input type="checkbox"/> Black	<input type="checkbox"/> Black <input type="checkbox"/> Black* <input type="checkbox"/> Black	<input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT <input type="checkbox"/> ALO-CT	<input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT <input type="checkbox"/> ALO-OBT	<input type="checkbox"/> ALO-PAD <input type="checkbox"/> ALO-PAD <input type="checkbox"/> ALO-PAD	<input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM <input type="checkbox"/> ALO-SEAM	<input type="checkbox"/> ALO-FCBODY <input type="checkbox"/> ALO-FCBODY		

* Delivery will be within 5 working days of receipt of a correctly completed order form; subject to circumstances beyond our control.

Please send the completed Order Form to Credenhill via: Email: sales@credenhill.co.uk Fax: 0115 944 0437
Post: **Credenhill Limited, 10 Cossall Industrial Estate, Ilkeston, Derbyshire, DE7 5UG.** Freephone: 0800 195 0650 or 01115 932 0144
If you need another form - please download one from: www.Lohmann-Rauscher.co.uk



M391 V3.5



People.Health.Care.

ActiLymph® Made To Measure Flat knit hosiery for Lymphoedema and Chronic Oedema



ActiLymph® MTM Ease

Available in European Class 1 (18-21mmHg), Class 2 (23-32mmHg) and Class 3 (34-46mmHg). **ActiLymph® MTM Ease** is silky, effective, comfortable to wear and is ideal for most forms of chronic oedema and lymphoedema.



ActiLymph® MTM Dura

Available in European Class 2 (23-32mmHg) and Class 3 (34-46mmHg). **ActiLymph® MTM Dura** is designed for more difficult to manage and resistant chronic oedema and lymphoedema.

5 working day service*



ActiLymph® Made To Measure Flat knit hosiery for Lymphoedema and Chronic Oedema

How to measure the leg:

Ask the patient to stand, if possible.
Mark and measure the leg as follows:-

- cG 2cm below Gluteal Fold for circumference
- IG 2cm below Gluteal Fold to ground for length
- cF Mid Thigh for circumference
- IF Mid Thigh to ground for length
- cE Across middle of Kneecap for circumference
- IE Middle of Kneecap to ground for length
- cD 2cm below Popliteal Fossa for circumference
- ID 2cm below Popliteal Fossa to ground for length
- cC Widest part of Calf for circumference
- IC Widest part of Calf to ground for length
- cB1 Where Calf starts for circumference
- IB1 Where Calf starts to ground for length
- cB 2cm Above Malleolus for circumference
- IB 2cm Above Malleolus to ground for length
- cY Around Instep and Heel with foot dorsi-flexed for circumference
- cA Around base of Toes for circumference
- IA Heel to base of Toes for length
- IZ Heel to end of Large Toe (Total length of foot)
- IA1 From the Heel to the base of Large Toe
- IA2 From the Heel to the base of Small Toe

NB c = circumference, l = length
Unless specified, all length measurements should be longitudinal and should not follow body contours

How to measure the panty:

Ask patient to put their hands on their waistline:-

- Measure (cT) waist circumference
- Measure (IT) waist to ground
- Measure (cH) greatest circumference around hips
- Measure (IH) length from hip to ground

Measure the following lengths along contours of body:

- Measure (IGT) length from waist to 2cm below gluteal fold
- Measure (IK1T) length in the centre at the front, from waist to crotch while applying gentle pressure and following contours
- Measure (IK2T) length at the back from the waist over the buttocks to the gluteal fold while applying gentle pressure and following contours

*Delivery will be within 5 working days of receipt of a correctly completed order form; subject to circumstances beyond our control.

Please send the completed Order Form to Credenhill via:
Email: sales@credenhill.co.uk

Fax: 0115 944 0437

Post: **Credenhill Limited, 10 Cossall Industrial Estate, Ilkeston, Derbyshire, DE7 5UG.**

Freephone: 0800 195 0650 or 0115 932 0144

ActiLymph® Made To Measure Order Form

1 Name of Pharmacy or Clinic: _____
 Contact name: _____
 Account Number (if known): _____
 Branch Number (if applicable): _____
 Address: _____
 Postcode: _____
 Tel: _____
 Practitioner name: _____ Tel: _____
 Patient name: _____
 Order Ref. or Prescription No.: _____

2

Left leg		Right leg	
Length	Circumference	Circumference	Length
IT	cT	cT	IT
IH	cH	cH	IH
IG	cG	cG	IG
IF	cF	cF	IF
IE	cE	cE	IE
ID	cD	cD	ID
IC	cC	cC	IC
IB ¹	cB ¹	cB ¹	IB ¹
IB	cB	cB	IB
	cY	cY	
cA	IA	IA	cA
	IZ	IZ	

NB All length measurements should be longitudinal and should not follow body contours.
 LENGTH MEASUREMENTS TAKEN FROM POINTS ON THE LEG SHOULD BE MEASURED VERTICALLY TO THE GROUND.
 All measurements to be in centimetres.

Please complete this form and send to Credenhill Limited.
 Fax: 0115 944 0437, or email: sales@credenhill.co.uk

3 **Panty**
NB Measure all lengths along contours of body
 All measurements to be in centimetres.

4 **Ankle Pads**
NB All length measurements should be longitudinal and should not follow foot contours.
 All measurements to be in centimetres.

LMA: from the centre of the medial malleolus, in horizontal line over the Achilles tendon to the middle of the lateral malleolus.

LMO: from the centre of the medial malleolus, in vertical line under the sole of the foot to the middle of the lateral malleolus.

*** Left Foot** LMA _____ LMO _____
*** Right Foot** LMA _____ LMO _____

If Ankle pads are requested please select which you require (available in Dura only):
Left Medial Lateral
Right Medial Lateral

5 **Oblique Toe (Slanted Toe)**
NB All length measurements should be longitudinal and should not follow foot contours.
 All measurements to be in centimetres.

Left Foot IA¹ _____ IA² _____
Right Foot IA¹ _____ IA² _____

6 Main Garment Details

Quantity required	Garment required		Colour required
	ActiLymph® MTM Ease <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3		ActiLymph® MTM Dura <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3
	<input type="checkbox"/> Black <input type="checkbox"/> Sand		
Style			
<input type="checkbox"/> Below Knee (A-D) <input type="checkbox"/> Thigh Length (A-G) <input type="checkbox"/> Thigh Length with Waist Attachment (A-GT) <input type="checkbox"/> 2 Legged Panty Hose (A-T)			
Options			
<input type="checkbox"/> Closed Toe (measurements IA & IZ required) <input type="checkbox"/> Open Toe (IA only) <input type="checkbox"/> Closed Oblique (Slanted) Toe** (measurement cA, IA1, IA2 & IZ required)			
<input type="checkbox"/> T Heel Ankle Seam <input type="checkbox"/> Open Oblique (Slanted) Toe** (measurements cA, IA1 & IA2 required) <input type="checkbox"/> Ankle pads* (measurements LMO & LMA required- indicate requirements in section 4)			
<input type="checkbox"/> 3cm Silicone Top Band (only below knee) <input type="checkbox"/> 5cm Silicone Top Band <input type="checkbox"/> Slip Form <input type="checkbox"/> Full Compression Body Part (Class 2&3 only, measurements IK1T, IK2T & IGT required)			

7 Product Code (see Drug Tariff Product Code Guide on reverse of form for clarification on code required): _____

Additional Comments: _____

NB Submission of this form confirms the patient's authorisation for the information to be retained for the production and supply of their garment. L&R or Credenhill cannot be held responsible for incorrect measurements. To avoid delay, please ensure all appropriate measurements are completed and checked.