

TO BE COMPLETED FOR PATIENT TO TAKE TO GP

Patient:..... D.O.B.....

Hospital/Clinic:.....

Clinician:.....

Date:.....

Dear Doctor,

The patient presenting this prescription request is receiving a course of intravenous therapy via a PICC line and has been informed of the importance of maintaining appropriate controls to minimise potential infection at the site whilst bathing and showering. The Seal-Tight Protector has been specifically designed to assist in this respect and is now available on all NHS Drug Tariffs to enhance the patient's Quality of Life and reduce the possibility of infection. We would be grateful if you would issue a prescription for the appropriate model.

Thank you.



The **Seal-Tight wound care protector** is available in three sizes* (TICK)

20318 PICC/Dressing mid-arm cover
SMALL..... **18-25cm / 7-10"**

20317 PICC/Dressing mid-arm cover
MEDIUM..... **25-38cm / 10-15"**

20319 PICC/Dressing mid-arm cover
LARGE..... **38-55cm / 15-22"**

**Measure upper arm circumference*