

Dear Prescribers,

Could you please prescribe the item(s) listed to assist in the treatment of the patient below:

Repeat Prescription (Tick if appropriate):

Patient's Name:	Patient's D.O.B:
Clinician's Name:	Clinician's Tel:
Clinician's Signature:	Date:

### Ordering Information (DT Location: Section IX C)

Format	Selling Unit	Product Code	PIP Code	Order Quantity
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#### MEDI DERMA-S

#### Total Barrier Cream - Non-Sting



Sachet - 2g	20 Pack	60338	341-3317	
Tube - 28g	1	60628	388-3121	
Tube - 90g	1	60345	341-3325	

#### MEDI DERMA-S

#### Total Barrier Film - Non-Sting



Aerosol - 50ml	1	60819	389-7139	
Pump Spray - 30ml	1	60796	389-7121	
Wipe	30 Pack	60307	341-3184	
Sterile Applicator - 1ml	5 Pack	61076	362-8716	
Sterile Applicator - 3ml	5 Pack	61090	362-8724	

#### MEDI DERMA-PRO

#### Foam & Spray Incontinence Cleanser - Non-Sting

#### Skin Protectant Ointment - Non-Sting



Cleanser Bottle - 250ml	1	63582	399-6923	
Ointment Tube - 115g	1	63605	399-6931	

#### LIFTEEZ

#### Adhesive Remover - Non-Sting

Aerosol - 50ml	1	60833	389-7147	
Wipe	30 Pack	60321	341-3309	

For more information, please contact us on: 020 8810 8811 or email: [info@medicareplus.co.uk](mailto:info@medicareplus.co.uk)

