NHS
Thames Valley Appliance Management Service

Appliance Prescription Service Referral Form – Urology

Please email completed referral to: hcptvalley.prescriptionservice@nhs.net

NOT TO BE USED FOR CONTINENCE PAD REFERRALS

Surname:		**DOB:**	
Forename(s):		**NHS No:**	
Address: **Post Code:** **Tel No:** **Next Of Kin Contact (if applicable):**		**GP Practice:** **Tel No:**	
Relevant Medical/Surgical History:			
Urology Management (including reason for catheterisation): **ISC patients – How many catheters PER day needed?**			
Are valves contraindicated due to high pressure urinary retention? **Yes** ☐ **No** ☐			

What products are required? Please tick below:

- ☐ Long tube leg bag T tap LM500LD-T
- ☐ Long tube leg bag Lever tap LM500LD-L
- ☐ Medium tube leg bag T tap LM500MD-T
- ☐ Medium tube leg bag L tap LM500MD-L
- ☐ Night Drainage single use disposable (pack of 10) LM2LS
- ☐ Reusable lever tap night bag (box of 10) SLC13-L
- ☐ Reusable T slide tap night bag (box of 10) SLC13

ISC – please state product code(s)

- ☐ Catheter valve CF1
- ☐ Catheter retaining strap FIXSTRIP
- ☐ Catheter CH12 08501205G
- ☐ Catheter CH14 08501410 OTG
- ☐ Catheter CH16 08501610G
- ☐ Leg Bag Sleeve ME350750S **M**
- ☐ Leg Bag Sleeve ME350750S **L**
- ☐ Leg Bag Sleeve ME350750S **XL**

DAC's discussed with patient. The patient has nominated Rapidcare as their DAC:- dac.fgr26@nhs.net and for all subsequent orders.

Other e.g. Sheath

Referred By (Please Print):		**Job Title:**	
Date:	**Telephone Number:**		

The service operates 9am – 5.30pm Mon – Fri (excluding Bank Holidays).
Referrals outside of these hours will be processed the next working day.
Any queries please ring 0800 138 8677