

Flaminal®

STRICTLY PRIVATE AND CONFIDENTIAL

PATIENT NAME _____ **DOB** _____

Dear Doctor,

Could you please prescribe the following item to assist in the treatment of the above patient:

Flaminal® Forte

For moderate to heavily exuding wounds

Flaminal® Hydro

For light to moderate exuding wounds

Pack size:	5 X 15g tubes	1 X 50g tube	5 X 15g tubes	1 X 50g tube
PIP code:	324-2963	344-9592	324-2971	344-9600
NHS catalogue no:	ELG022	ELG023	ELG021	ELG025
Please tick:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICIAN NAME _____ **SIGNATURE** _____
(Please print name)

TEL NO _____ **DATE** _____



For further information please contact: 0800 1077 107
or visit www.flaminal.co.uk

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