R_x:

Addressograph label: N.B. Attach labels to top and duplicate copies

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Patient Name: .....

Hospital No: .....

Address: .....

.....

DOB: _____ /_____ /_____

Urinary Catheter Leg Bags : Simpla Profile Code : Simpla 21573 (25 cm / 500mls)
Quantity :

Urinary Catheter Night Bags : Simpla Profile Code : Simpla 1576 (2 litre bags)

Night Stand X 1

Prescriber Name :