

R<sub>x</sub>:

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

Patient Name: .....

Hospital No: .....

Address: .....

.....

Nephrostomy After Care Kits for Patient.

Direction for use : Nephrostomy Bag and dressing to be changed weekly  
Flush with 10 mls Nacl or Sterile water , only when instructed.

**GMS Reimbursement code for all kit codes : 99105 for Pharmacists**

ME.PBKT01

- 5x E -90000 PerkuCess Drainage Bag ( 500mls)
- 5x 8150 Copenhagen Medlabs – Drain Guard
- IFU's for PHN

**Prescriber Signature:**