

Patient Name .....

DOB .....

Dear Doctor,

Could you please prescribe the following ostomy care item(s) for the above patient.

Trio Code	Pip-Code	NHS SC Code	Description	Pack Size	Tick
TR1020	394-0525	GCC1531	Trio Siltac 1 - Silicone Ostomy Seals (20mm-28mm)	30	<input type="checkbox"/>
TR1028	394-0533	GCC1532	Trio Siltac 2 - Silicone Ostomy Seals (28mm-35mm)	30	<input type="checkbox"/>
TR1035	394-0558	GCC1533	Trio Siltac 3 - Silicone Ostomy Seals (35mm-44mm)	30	<input type="checkbox"/>
TR1020CX	394-0541	GCC1534	Trio Silvex 1 - Silicone Convex Seals (20mm-30mm)	10	<input type="checkbox"/>
TR1030CX	394-0566	GCC1535	Trio Silvex 2 - Silicone Convex Seals (30mm-40mm)	10	<input type="checkbox"/>
TR1060	394-0517	GCE1047	Trio Silex Silicone Flange Extenders	20	<input type="checkbox"/>
TR1070	394-0509	GCC1530	Trio Silken Silicone Stoma Gel	60g tube	<input type="checkbox"/>
TR201	400-8306	GCE1041	Trio Elite Sting Free Adhesive Remover Spray	50ml	<input type="checkbox"/>
TR202	400-8314	GCE1044	Trio Elite Sting Free Adhesive Remover Wipes	30	<input type="checkbox"/>
TR203	400-6334	GCE1043	Trio Elisse Sting Free Skin Barrier Wipes	30	<input type="checkbox"/>
TR204	400-8298	GCC1528	Trio Elisse Sting Free Skin Barrier Spray	50ml	<input type="checkbox"/>
TR205	402-2638	GCC1529	Trio Pearls Gelling & Odour Control Sachets	100	<input type="checkbox"/>

Clinician .....

Tel No ..... Date .....

