

To be completed for patient to take to GP

# Seal TIGHT

Patient: .....

Hospital/Clinic: .....

Clinician: .....

Date: .....

Dear Doctor, the patient presenting this leaflet is currently receiving treatment for their condition which involves the application of regular dressings. These dressings need to be kept dry at all times. Would you please prescribe the appropriate model of Seal-Tight as indicated below? Seal-Tight allows the patient to maintain personal hygiene and bath or shower in safety with their dressings in place. Thank you.



Prescribe: Seal-Tight Wound Protector  
CV27105 Adult Foot/Ankle

For patients where the dressing does not go far above the ankle. Will cover lower half of calf.

(tick)



Prescribe: Seal-Tight Wound Protector  
CV27103 Adult Short Leg

Typically for leg ulcer patients. Fits easily over multi layer dressings.

(tick)



Prescribe: Seal-Tight Wound Protector  
CV27106 Adult Wide Short Leg

For patients where the maximum circumference of the limb exceeds 16"

(tick)