





COMMUNITY PRODUCT REQUIREMENT FORM - ADULTS

All sections MUST be completed or PRF will be returned

Date:	D.O.B:	CHI:
Mr/Mrs/Ms/Miss:	Forename:	Surname:
Address:	Tel No:	
	New Assessment:	Re-Assess:
Postcode:	Removal:	
GP:	ADP:	
Practice Address:	Name of Assessor:	
	Email:	
	Telephone No:	
	Base:	
Type of Incontinence:	Medical Diagnosis:	

Product Description	Image	Absorbency/Size	Pack Size	No products in 24hrs
id EXPERT LIGHT – Shaped pad with adhesive strip – for mild to moderate urinary incontinence				
id Light Extra <i>(previously Tena Mini Extra)</i>		150-200mls	28	
id Light Maxi <i>(previously Tena Comfort Mini Super)</i>		250-350mls	28	
id EXPERT FORM – Shaped pad – for moderate to severe urinary incontinence				
id Expert Form Normal <i>(previously Tena Comfort Normal)</i>		500mls	28	
id Expert Form Plus <i>(previously Tena Comfort Plus)</i>		500-625mls	42	
id Expert Form Extra Plus <i>(previously Tena Comfort Extra/Super)</i>		700-1000mls	42	
id EXPERT FIX – Fix Net Pants – Fixation Pants			Waist Measurement: _____	
id Expert Comfort Super – Sm		40-85cm	5	
id Expert Comfort Super – Med		60-100cm	5	
id Expert Comfort Super – Lge		80-120cm	5	
id Expert Comfort Super – XL		100-160cm	5	
id Expert Comfort Super – XXL		140-180cm	5	
id Expert Comfort Super – XXXL		180m-195cm	3	
ID Expert Protect – Procedure Pad Only 1pkt per 8 week cycle				
id Expert Protect – Plus <i>(If more than 1 pkt of 30 required in 8 week cycle then statement of case must be sent)</i>		60x60cm	30	

These are the range of products that can be provided from the Community Core Formulary. If you require products out with this range then please contact the SPHERE Bladder and Bowel Service on 0141 531 8612/ 8564/8544 or email:NHSGGC.SphereBBSservice@ggc.scot.nhs.uk.
Further documentation will be required clinical assessment and statement of case.