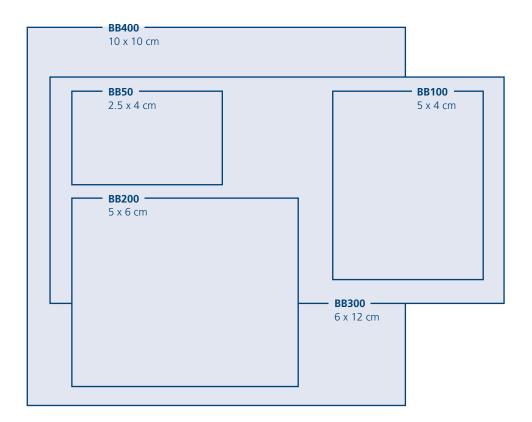
Larval Therapy

Prescription Support Document

Patient: The wound type is:				D.O.B.: Health & Care Number:									
							Location:				Size:		
							Has been present for	w	reeks/months.				
Treatment Histo 4 Day Treatment		r Notes			Products per Treatmer oBag® Size Guide)	nt							
DAY DAY	DAY	DAY	DAY	Code	Description	QTY							
0 1	2	3	4	BB50									
				BB100	BioBag® 2.5 x 4 cm	_							
Application Daily Care of larvae	Daily Care	Assess and Reorder	Remove and	BB200	BioBag® 4 x 5 cm BioBag® 5 x 6 cm								
or larvae		Reorder	Dispose	BB300	BioBag® 6 x 12 cm								
Repeat as necessary				BB400	BioBag® 10 x 10 cm								
				SC	Sudocrem								
Requested Dates of Treatment: Treatment 1:				Name:	Requested by: Name: Signature:								

This tool has been constructed by BioMonde to assist clinicians in the appropriate prescribing of Larval Therapy products.

BioBag® Size Guide



OUR TEAM ARE HERE FOR YOU

Clinical Helpline: 0345 230 6806

Order: 0345 230 1810

Support: clinicalsupport@biomonde.com

Order: orders@biomonde.com

