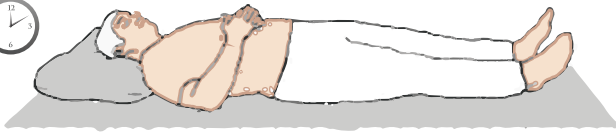


INSTRUCTIONS FOR A CUSTOM TWO-HOLE SUPPORT BELT

1. Patient's Full Name: _____ ph.# (____) _____ email: _____

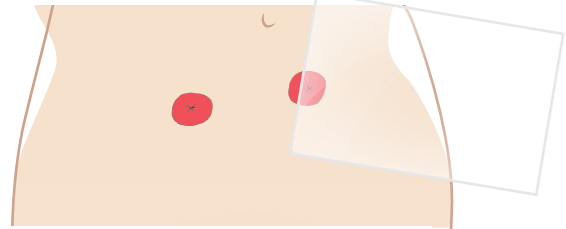
2. Nurse's Name: (if applicable) _____ ph.# (____) _____ email: _____



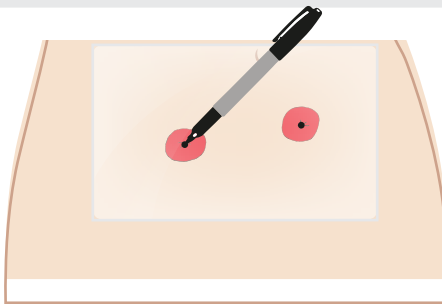
3) Place patient in supine (laying) position for about 5 minutes so abdomen is reduced, then measure the girth, in line with the stomas.

Girth measurement:

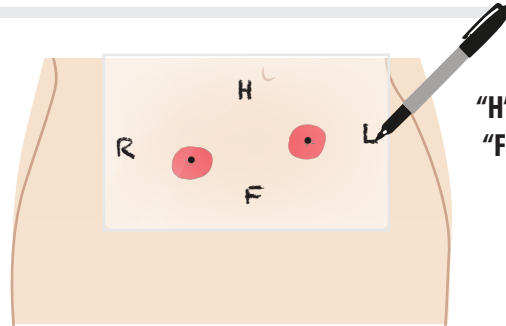
Lying (wait 5 min.): _____, **Standing:** _____



4) Place clear plastic or plastic wrap on top of abdomen covering both stomas.

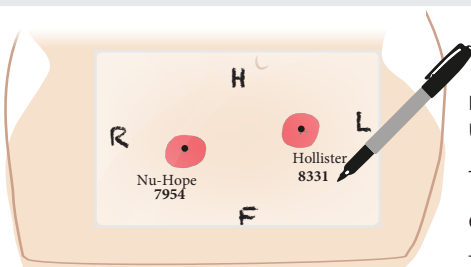


5) Use a Sharpie® to make dots dead center of each stoma. (No bigger than a pencil eraser)



"H" for Head
"F" for Feet

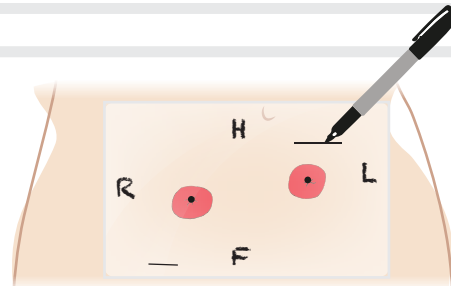
6) Mark an "H" above the dots for "Top" of tracing, "F" for bottom, and "L" & "R" for their left and right side.



Pouch #'s
Urostomy: _____

Colostomy: _____

7) Below each dot list manufacturer and product numbers. (Example: Nu-Hope Cat. No. 7954)



Preferred
Width: _____

8) *REQUIRED* Make horizontal lines above and below the dots to indicate the preferred belt width, e.g., 4", 5", 6", 7", 8", 9", from head to feet.

Check only **one** box for each question:

9. Which side for Velcro closure Left Right

10. Which material is preferred? Regular (soft) Cool Comfort (breathable)

11. Which color for belt? White Beige

12. Prolapse Flap?(circle) Left Right N/A

Once finished, make a copy of both plastic and worksheet for your records and then mail original tracing and worksheet back to Nu-Hope.

FAXES ARE NOT ACCEPTED



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