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 an pencil eraser )

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

7. Below each dot list manufacturer and product numbers. ( Example: Nu-Hope, 7104 )

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.

Required, check only one box 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

Once all finished, make a copy of the plastic for your own records and then mail original with all the other pertinent information back to Nu-Hope.