

Patients wishing to book in for re-testing or to re-order their low-dose immunotherapy vaccines are now required to have a consultation at Breakspear within the last 12 months.

Low-dose immunotherapy orders will not be processed unless a consultation within the appropriate time frame is on record. If an order cannot be processed due to the time limit being exceeded, the patient will be notified as soon as possible



**Breakspear
Medical Group Ltd**

Antigen vaccine order form

Please print in CAPITAL/UPPER CASE letters. Allow 14 days from receipt of order for processing.

Date of birth (dd/mm/yy)	<input type="text"/>		
Full name	<input type="text"/>	Account number	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>
Email address	<input type="text"/>	Telephone number	<input type="text"/>
Date of order	<input type="text"/>	Date required	<input type="text"/>

Vaccines to be: Collected

Sent by post

Vaccines are to be administered by: Injection

Under-the-tongue drops

Indicate how many of the following are required:

Measuring syringes:

Empty vacutainers:

Empty dropper bottles:

Item (Col 1)	(Office use only)		Item (Col 2)	(Office use only)	
	EP	BN		EP	BN
1					
2					
3					
4					
5					
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25					

This form is available to complete online: www.breakspearmedical.com/antigenorders

Antigen vaccine order form F15v.4 080811

Breakspear Medical Group Ltd, Hertfordshire House, Wood Lane, Hemel Hempstead, Hertfordshire HP2 4FD

Fax: +44 (0) 1442 266 388

This section is for NHS PRESCRIPTIONS ONLY:**To the Chemist:**

You should only stamp and sign this form if you are in receipt of an NHS Prescription for the goods detailed overleaf. Authorisation of this form will be taken as an official order and you will be invoiced accordingly. If you have any queries about this, please contact the Accounts Department.

Please stamp and sign below.

Signature of chemist

Please sign here also if you are agreeable to the vaccines being despatched directly to the patient:

Signature of chemist

This section is for Breakspear Medical Group OFFICE USE ONLY:**Column 1 batch numbers****Column 2 batch numbers**

Vacutainer

Vacutainer

Filter

Filter

BP

BP

Saline

Saline

Technician

Technician

Checked by

Checked by

Label check

Label check

Isolator

A	B	C
---	---	---

Isolator

A	B	C
---	---	---

GMP Compliant
QC

GMP Compliant QC

Doctor

Date order received

Date order completed

Initials

Checked Vs original script