

**Breakspear Medical Group Ltd,
Hertfordshire House, Wood Lane, Hemel Hempstead, Herts HP2 4FD
Tel: 01442-261333 Fax: 01442-266388**

VACCINE ORDER FORM - please print in CAPITAL LETTERS

Name: _____ Telephone No: _____

Address: _____

Date of order: _____ Date required by: _____
(Please allow 14 days from receipt of order)

For COLLECTION or POST

Measuring syringes: _____ Empty dropper bottles: _____ Empty Vacutainers: _____

(The "BN" column is for office use ONLY)

	ITEM (Col 1)	E.P.	BN	ITEM (Col 2)	E.P.	BN
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

TO THE PATIENT:

Please mark as applicable:

The vaccines are for INJECTION or for UNDER-THE-TONGUE DROPS

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 here:

SIGN: _____

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

SIGN: _____

FOR OFFICE USE ONLY:

COLUMN 1 Batch Numbers

COLUMN 2 Batch Numbers

Vacutainer: _____

Vacutainer: _____

Filter: _____ BP ____

Filter: _____ BP ____

Saline: _____

Saline: _____

TECHNICIAN:

TECHNICIAN:

CHECKED BY:

CHECKED BY:

QC:

QC:

DOCTOR: _____

DATE ORDER RECEIVED:

DATE ORDER COMPLETED:

INITIALS:

CHECKED Vs ORIGINAL SCRIPT: