

SALT & FLUID MANAGEMENT – RE-ORDER FORM

Please supply me with the following items from the *time* Patient Care Programme:

	Quantity
<input type="checkbox"/> Healthcare Professional Poster
<input type="checkbox"/> Patient Posters
<input type="checkbox"/> Flash Cards
<input type="checkbox"/> Healthcare Professional Book
<input type="checkbox"/> Patient Book
<input type="checkbox"/> Top Tips Cards
<input type="checkbox"/> Fluid Assessment Tear off Pad
<input type="checkbox"/> Action For Fluid Status Sheet
<input type="checkbox"/> Top Tips Flag Pen
<input type="checkbox"/> Re-usable Ice Cubes
<input type="checkbox"/> 500ml Jugs
<input type="checkbox"/> False Bottom Mug

Signature of healthcare professional:

.....
Please use block capitals in black ink

Name:

Date:

Name and address of hospital/unit:

.....
Tel no of hospital/unit:

.....
Please fax this form to:

.....
Alternatively, please post to:

Supported by the NKF.



www.kidney.org.uk
Helpline: 0845 601 02 09

Supported by ANSA.



www.anaemianurse.org
Helpline: 01483 724472