

# VASCULAR ACCESS – RE-ORDER FORM

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

	Quantity
<input type="checkbox"/> Healthcare Professional Posters	.....
<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 (AVF and AVG)	.....
<input type="checkbox"/> Top Tips Cards (Catheter)	.....
<input type="checkbox"/> Top Tips Flag Pen	.....
<input type="checkbox"/> Squeezy Ball	.....
<input type="checkbox"/> Stethoscope	.....

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