

<b>Office Use Only</b>	<b>Our Document No.</b>	<b>Customised by / on</b>	<b>Docket Ref Number</b>
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## OSTOMED LIMITED

# PRODUCTS TO BE CUT / CUSTOMISED

Please complete this form in full. All details should be given and the form signed by an authorised person before we can customise the required products.

ACCOUNT NO:..... ACCOUNT NAME:.....

AGENCY ORDER: YES / NO

PATIENT NAME:..... SCRIPT No:.....

PRODUCT CODE AND DESCRIPTION

.....  
.....  
.....

Pack Size:..... Number of packs required:.....

SPECIAL INSTRUCTIONS:-

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I confirm that the description(s) and product code(s) above are correct.  
I also agree that any items ordered, on my behalf, are non returnable once customised.

**Signed.....Print Name..... Date.....**

**PLEASE FAX COMPLETED FORM TO: 01253 881291**  
**Telephone: 01253 881290**