

Oakmed

HOME DELIVERY SERVICE

- 1: Your Name:
- 2: Your Address:
-
- 3: Your Postcode
- 4: Your Telephone Number
- 5: Your Hospital
- 6: Your GP (Doctor)
- 7: Your GP's Address
-
- 8: GP's Telephone Number

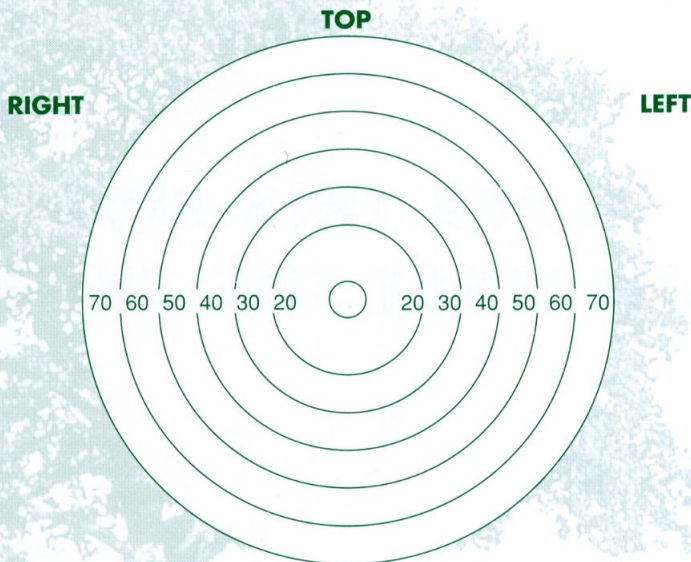
Thank you for completing this form. Please return it to Oakmed, complete with your stoma product prescription to: OAKMED Ltd Oakmed Limited, Freepost MID23855, Northampton, NN1 4BR.

Oakmed

If you are finding it difficult cutting your supplies to fit why not let us cut them for you? To help us help you:-

1. Cut a hole in the guide below to the shape and size of your stoma.
2. Fill your name and address on the form below
3. Return this card to Oakmed with your prescription.

THIS SIDE SHOULD FACE AWAY FROM THE BODY



OAKMED

Tel: 01604 239250
Fax: 01604 629713
Freephone: 0800 592786

Cut along line and write your name and address on the reverse of this fitting template.

For more help and advice contact your Stoma Care Nurse
or contact Oakmed direct on **0800 592786**