We have devised this form to improve the management and processing of specialist product orders for you and your patients. It aims to reduce our phone contact time and will provide us with evidence of requests. All items ordered should be on the advice of a TVN and **not for stock holding**. The dressing regime should be constantly reviewed to ensure effectiveness.

Please do not request products by telephone or send this form to individual named nurses as your request will not be processed. **All** information\*, including contact number, must be included – thank you.

**1.** Complete **all** sections below. **4.** The TV dept. will contact you to resolve any queries with the order.

**2.** Use a separate section for each new patient. **5.** Your order will be placed, and you will be advised of the order number.

**3.** E-mail to tissueviability@berkshire.nhs.uk

| **Delivery Point including Post Code (e.g. DN Base or PN Surgery)** | **CCG** |
| --- | --- |
| **Requested By / Contact Number** | **Date** |
| **Patient Name + DOB or NHS No.\*** | **Rationale (e.g. wound type, size and status)** | **Product Code or Product Name + Size** | **Quantity (No. of Boxes)**Max. 30 days supply or *14 days for silver dressings* |
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